


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90053 013 ****61.25

DOCUMENT # N98000000477					
1. Entity Name J.P.O. CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1300 PINETREE DRIVE 9 INDIAN HARBOUR BEACH, FL 32937			Mailing Address 1300 PINETREE DRIVE 9 INDIAN HARBOUR BEACH, FL 32937		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3488462	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEPENDABLE PROPERTY MANAGEMENT, LLC 1300 PINETREE DRIVE 9 INDIAN HARBOUR BEACH, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Dependable Property Management, LLC</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>1/11/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARWOOD, JERRY T		NAME	Jerry T Harwood	
STREET ADDRESS	1345 N. HWY A1A #509		STREET ADDRESS	1345 N. Hwy A1A #509	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, PATRICK		NAME	Sherra Cameruci	
STREET ADDRESS	1345 N. HWY. A1A #406		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VANNUCCI, KATHERINE		NAME	UP Joe Nepi	
STREET ADDRESS	1345 N. HWY A1A # 307		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONNELLY, BOB		NAME	SD Bob Donnelly	
STREET ADDRESS	1345 N. HWY A1A #208		STREET ADDRESS	1345 N. Hwy A1A #208	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KUS, LORI		NAME	T Luanne Carey	
STREET ADDRESS	1345 N. HWY A1A #607		STREET ADDRESS		
CITY-ST-ZIP	INDIATLANTIC, FL 32903		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



01112007 Chg-NP CR2E037 (12/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luanne Carey Luanne Carey 1-19-07 727-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #