2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000477

Entity Name: J.P.O. CONDOMINIUM ASSOCIATION, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1300 PINE	TREE DRIVE				
•	ARBOUR BEA	CH, FL 32937			
Current Mailing Address:			New Mailing Address:		
1300 PINE 9	TREE DRIVE				
-	ARBOUR BEA	CH, FL 32937			
FEI Number: 59-3488462 FEI Number Applied For ()		FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
1300 PINE 9	TREE DRIVE	RTY MANAGEMENT, LLC			
The above		,	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VP (HARWOOD, JI 1345 N. HWY INDIALANTIC,	A1A #509	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (CAMERUCI, SI 1345 N. HWY. INDIALANTIC,	A1A #406	Title: Name: Address: City-St-Zip:	T (X) Change () Addition SUTTON, JIM 1345 N. HWY. A1A #508 INDIALANTIC, FL 32903	
Title: Name: Address: City-St-Zip:	VP (CONSTANTING 10 BYR N. 11T INDIALANTIC,	H AIA #505	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CAREY, SUMNER 1345 N. HWY A1A, #402 INDIALANTIC, FL 32903	
Title: Name: Address: City-St-Zip:	VP (DONNELLY, B 1345 N. HWY A INDIALANTIC,	A1A #208	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	P (TORRENSO, N) Delete //	Title: Name:	P (X) Change () Addition JORGENSEN, AL	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1345 N. HUT AIA #507

INDIALANTIC, FL 32903 US

SIGNATURE: AL JORGENSEN PRES 04/30/2009

1345 N. HUT AIA #507

INDIALANTIC, FL 32903 US

Address: City-St-Zip: