2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006627

FILED May 01, 2006 Secretary of State

Entity Name: JORDAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place	of Business:
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11050 WILES ROAD CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

11050 WILES ROAD CORAL SPRINGS, FL 33065

FEI Number: 59-2773475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JORDAN, VIRGINIA M DANIEL, COLE

2820 N.W.106TH AVENUE 2821 N.W.106TH AVENUE CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: DANIEL COLE 05/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: () Change() Addition

 Name:
 JORDAN, VIRGINIA M
 Name:

 Address:
 11050 WILES ROAD
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: JORDAN, GREGORY W Name: JORDAN, GREGORY W Address: 6110 NW 66TH WAY Address: 3412 MATTOX CEMETERY RD. City-St-Zip: PARKLAND, FL 33067 City-St-Zip: SEVIERVILLE, TN 37862

Title: P () Delete Title: P (X) Change () Addition

 Name:
 KOPPAS, MICHELLE
 Name:
 KOPPAS, MICHELLE

 Address:
 11050 WITES RD
 Address:
 11050 WILES RD

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

 Name:
 BALDER, KIM
 Name:
 BALDER, KIM

 Address:
 11050 WITES RD
 Address:
 11050 WILES RD

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MICHELLE KOPPAS PRES 05/01/2006