

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768797

Entity Name: JOGGERS RUN PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**C/O SEA BREEZE CMS, INC.
4227 NORTHLAKE BLVD.
PALM BEACH GARDENS , FL 33410 US**FEI Number:** 51-0281327**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JENNIFER CUNHA ESQ
601 HERITAGE DRIVE
SUITE 424
JUPITER , FL 33458 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:** JENNIFER CUNHA

04/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	SPADOLA, JANET
Address	C/O SEA BREEZE COMMUNITY MGMT CO 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PRESIDENT
Name	CHURCH, JEFF
Address	C/O SEA BREEZE CMS, INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	SACCONI, CHRIS
Address	C/O SEA BREEZE CMS, INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER
Name	HOREY, JAMES
Address	C/O SEA BREEZE CMS, INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	DIRECTOR
Name	BROWN, NOLA
Address	C/O SEA BREEZE CMS, INC. 4227 NORTHLAKE BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410

I hereby 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 all other like empowered.

SIGNATURE: JEFF CHURCH

PRESIDENT

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date