

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N06000011789

**Entity Name:** JARDIN CONDOMINIUM ASSOCIATION XIX, INC.

**Current Principal Place of Business:**

194 JARDIN DE MER PL  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

194 JARDIN DE MER PLACE  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 45-4800626

**Certificate of Status Desired:** No

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

JANET, HUGHES  
194 JARDIN DE MER PLACE  
JACKSONVILLE BEACH, FL 32250 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:** JANET HUGHES

09/20/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRIESBAUM, CAROL S  
Address        227 JARDIN DE MER PL  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            VP  
Name            DEMAIO, JAMES III  
Address        191 JARDIN DE MER PL  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            OWNER  
Name            HUGHES, CHARLES M  
Address        194 JARDIN DE MER PL  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            OWNER  
Name            FANTON, WALTER A  
Address        193 JARDIN DE MER PL  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            OWNER  
Name            FIELDS, GARY T  
Address        192 JARDIN DE MER PL  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title            SECRETARY/TREASURER  
Name            HUGHES, JANET  
Address        194 JARDIN DE MER PLACE  
City-State-Zip: JACKSONVILLE BEAH FL 32250

Title            OWNER  
Name            GROLEAU, CARLA  
Address        198 JARDIN DE MER PLACE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** JANET HUGHES

**SECRETARY/TREASURER** 09/20/2015

Electronic Signature of Signing Officer/Director Detail

Date