FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734709 (9)

1. Corporation Name

JUPITER OCEAN AND RACQUET CLUB CONDOMINIUM ASSOC IATION, INC.

Principal Place of Business	Mailing Address
1605 U.S. HIGHWAY 1 P.O. BOX 3190 TEQUESTA FL 33469	1605 U.S. HIGHWAY 1 P.O. BOX 3190 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1975
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1754571 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ST. JOHN, DAVID
500 AUSTRALIAN AVE S
STE 600
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

X SIGNATURE _____ 3-1-95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~PRESTO, GARY~~	1.2 NAME		
STREET ADDRESS	~~1605 US HWY 1~~	1.3 STREET ADDRESS	OLEJARZ, JEANNE	
CITY-ST-ZIP	~~JUPITER, FL 00000~~	1.4 CITY-ST-ZIP	1605 US HWY 1 JUPITER, FL 33477	
TITLE	TD	2.1 TITLE		☐ Change ☒ Addition
NAME	FAGAN, MARION M.	2.2 NAME		
STREET ADDRESS	165 US HWY 1	2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	33477	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~FELISE, BRUCE~~	3.2 NAME	DAVIS, REBECCA	
STREET ADDRESS	~~1605 US HWY 1~~	3.3 STREET ADDRESS	1605 US HWY 1	
CITY-ST-ZIP	~~JUPITER, FL 0~~	3.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	REGER, BERNICE	4.2 NAME		
STREET ADDRESS	1605 US HWY 1	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 00000	4.4 CITY-ST-ZIP		
TITLE	~~VD~~	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~OLEJARZ, JEANNE~~	5.2 NAME	DELANEY, CHARLES	
STREET ADDRESS	~~1605 U.S. HWY. 1~~	5.3 STREET ADDRESS	1605 US HWY 1	
CITY-ST-ZIP	~~JUPITER FL~~	5.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	~~D~~	6.1 TITLE	VD	☒ Change ☒ Addition
NAME	COPELAND, THOMAS	6.2 NAME		
STREET ADDRESS	1605 US HWY 1	6.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	33477	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marion M. Fagan MARION M. FAGAN 2/27/95 407-947-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #