

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 734709 (9)

1. Corporation Name
JUPITER OCEAN AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **12/29/1975** 3a. Date of Last Report **03/15/1995**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 29 Zip 30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLEJAREZ, JEANNE	
STREET ADDRESS	1605 US HWY 1	
CITY-ST-ZIP	JUPITER, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FAGAN, MARION M.	
STREET ADDRESS	165 US HWY 1	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, REBECCA	
STREET ADDRESS	1605 US HWY 1	
CITY-ST-ZIP	JUPITER, FL 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REGER, BERNICE	
STREET ADDRESS	1605 US HWY 1	
CITY-ST-ZIP	JUPITER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELANEY, CHARLES	
STREET ADDRESS	1605 US HWY 1	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COPELAND, THOMAS	
STREET ADDRESS	1605 US HWY 1	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WARCH, STEVEN	
1.3 STREET ADDRESS	1605 US HWY 1	
1.4 CITY-ST-ZIP	JUPITER, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FAGAN, MARION M.	
2.3 STREET ADDRESS	1605 U.S.HWY 1	
2.4 CITY-ST-ZIP	JUPITER, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 6-24-96 747-5331
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)