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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1605 U.S. HIGHWAY 1
P.O. BOX 3190
TEQUESTA FL 33469

Mailing Address

1605 U.S. HIGHWAY 1
P.O. BOX 3190
TEQUESTA FL 33469-0190



3. Date Incorporated or Qualified
12/29/1975

3a. Date of Last Report
06/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WARCH, STEVEN	
STREET ADDRESS	1605 US HWY 1	
CITY-ST-ZIP	JUPITER, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FAGAN, MARION M.	
STREET ADDRESS	1605 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	DT	<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	EMANUEL, Steven	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1605 S.U.S.1	
1.3 STREET ADDRESS	Jupiter, FL 33477	
1.4 CITY-ST-ZIP	Jupiter, FL 33477	
2.1 TITLE	POLJARZ, Jean	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1605 S.U.S.1	
2.3 STREET ADDRESS	Jupiter, FL 33477	
2.4 CITY-ST-ZIP	Jupiter, FL 33477	
3.1 TITLE	Welch, Leo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1605 S.U.S.1	
3.3 STREET ADDRESS	Jupiter, FL 33477	
3.4 CITY-ST-ZIP	Jupiter, FL 33477	
4.1 TITLE	Wilcox, Ralph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1605 S.U.S.1	
4.3 STREET ADDRESS	Jupiter, FL 33477	
4.4 CITY-ST-ZIP	Jupiter, FL 33477	
5.1 TITLE	Passidy, Vincent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1605 S.U.S.1	
5.3 STREET ADDRESS	Jupiter, FL 33477	
5.4 CITY-ST-ZIP	Jupiter, FL 33477	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

3-21-97 561-747-5331
Date Daytime Phone # 0044239

CR2E037 (9/96)