


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 2190
 JUPITER, FL 33477 REQUEST AT PK 23468

3. Date Incorporated or Qualified
 12/29/1975
 4. FEI Number
 59-1754571 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Jupiter, FL 28 Jupiter, FL
 24 Zip 25 Country 29 Zip 30 Country
 33477 Palm Beach 33477 Palm Beach

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD EMANUEL, STEVEN 1605 S. US 1 JUPITER, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE PD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME			1.2 NAME Robert Olejarz
STREET ADDRESS			1.3 STREET ADDRESS 1605 S. US 1
CITY-ST-ZIP			1.4 CITY-ST-ZIP Jupiter, FL
TITLE	D POLJAR, JEAN 1605 US HWY 1 JUPITER FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME			2.2 NAME Rebecca Davis
STREET ADDRESS			2.3 STREET ADDRESS 1605 S. US 1
CITY-ST-ZIP			2.4 CITY-ST-ZIP Jupiter, FL
TITLE	VD WELCH, LEO 1605 US HWY 1 JUPITER, FL 0	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME			3.2 NAME Barbara Mastroianni
STREET ADDRESS			3.3 STREET ADDRESS 1605 S. US 1
CITY-ST-ZIP			3.4 CITY-ST-ZIP Jupiter, FL
TITLE	SD WILCOX, RALPH 1605 US HWY 1 JUPITER, FL 00000	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME			4.2 NAME Marion Fagan
STREET ADDRESS			4.3 STREET ADDRESS 1605 S. US 1
CITY-ST-ZIP			4.4 CITY-ST-ZIP Jupiter, FL
TITLE	T CASSIDY, VINCENT 1605 US HWY 1 JUPITER FL	<input type="checkbox"/> DELETE	5.1 TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE D Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME			6.2 NAME Rodger DeValue
STREET ADDRESS			6.3 STREET ADDRESS 1605 S. US 1
CITY-ST-ZIP			6.4 CITY-ST-ZIP Jupiter, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: [Signature] DATE: 7-10-98 DAYTIME PHONE #: 561-747-5331

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CR2E037 (5/98)