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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90088 019 \*\*\*\*61.25

1999/03

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734709**

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

Principal Place of Business 1605 U.S. HIGHWAY 1 P.O. BOX 3190 JUPITER FL 33477 US	Mailing Address 1605 U.S. HIGHWAY 1 P.O. BOX 3190 JUPITER FL 33477 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/29/1975</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1754571</b>
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	25	29
26	27	30

9. Name and Address of Current Registered Agent  <b>ST. JOHN, DAVID</b> <b>500 AUSTRALIAN AVE S</b> <b>STE 600</b> <b>W PALM BCH FL 33401</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	BD
NAME	OLEJARZ, ROBERT	1.2 NAME	FELDMAN, ARTHUR
STREET ADDRESS	1605 S US 1	1.3 STREET ADDRESS	1605 S.US HWY. 1
CITY-ST-ZIP	JUPITER, FL 00000	1.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	VD	2.1 TITLE	VD
NAME	DAVIS, REBECCA	2.2 NAME	EMANUEL, STEVE
STREET ADDRESS	1605 S US 1	2.3 STREET ADDRESS	1605 S. US HWY. 1
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	SD	3.1 TITLE	D
NAME	MASTROIANNI, BARBARA	3.2 NAME	JOHN KEANE
STREET ADDRESS	1605 S US 1	3.3 STREET ADDRESS	1605 S.US. HWY. 1
CITY-ST-ZIP	JUPITER, FL 0	3.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	TD	4.1 TITLE	TD
NAME	FAGAN, MARION	4.2 NAME	FLYNN, FRANK
STREET ADDRESS	1605 S US 1	4.3 STREET ADDRESS	S.US HWY. 1
CITY-ST-ZIP	JUPITER, FL 00000	4.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	T	5.1 TITLE	D
NAME	CASSIDY, VINCENT	5.2 NAME	FORRESTAL, ANN
STREET ADDRESS	1605 US HWY 1	5.3 STREET ADDRESS	1605 S.US HWY. 1
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D	6.1 TITLE	D
NAME	DEVALUE, RODGER	6.2 NAME	RALPH WILCOX
STREET ADDRESS	1605 S US 1	6.3 STREET ADDRESS	1605 US. HWY. 1
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	JUPITER, FL 33477

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED FLYNN MARCH 9, 1999 (561)747-533

C:R2E037 (1/98)