

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734709

1. Entity Name

JUPITER OCEAN AND RACQUET CLUB CONDOMINIUM ASSOC

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90087 006 ****61.25

Principal Place of Business

Mailing Address

1605 U.S. HIGHWAY 1
 P.O. BOX 3190
 JUPITER FL 33477
 US

1605 U.S. HIGHWAY 1
 P.O. BOX 3190
 JUPITER FL 33477-7213
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1695 U.S Hwy. 1
 Suite, Apt. #, etc.

1605 U.S. Hwy. 1
 Suite, Apt. #, etc.

City & State
 Jupiter, FL

City & State
 Jupiter, FL

4. FEI Number
 59-1754571

Applied For
 Not Applicable

Zip Country
 33477 USA

Zip Country
 33477 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FELDMAN, ARTHUR | |
| STREET ADDRESS | 1605 S. US HWY.1 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | DAVIS, REBECCA | |
| STREET ADDRESS | 1605 S US 1 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | MASTROIANNI, BARBARA | |
| STREET ADDRESS | 1605 S US 1 | |
| CITY-ST-ZIP | JUPITER, FL 0 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FLYNN, FRANK | |
| STREET ADDRESS | S. US HWY. 1 | |
| CITY-ST-ZIP | JUPITER FL 33477 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | CASSIDY, VINCENT | |
| STREET ADDRESS | 1605 US HWY 1 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEVALUE, RODGER | |
| STREET ADDRESS | 1605 S US 1 | |
| CITY-ST-ZIP | JUPITER FL | |

| | | |
|----------------|------------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Davis, Rebecca | |
| STREET ADDRESS | 1605 U.S. Hwy.1 Midrise 1-102 | |
| CITY-ST-ZIP | Jupiter, FL 33477 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Forrestel, Ann | |
| STREET ADDRESS | 1605 U.S. Hwy.1 Midrise 3-502 | |
| CITY-ST-ZIP | Jupiter, FL 33477 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Flynn, Frank | |
| STREET ADDRESS | 1605 U.S. Hwy.1 Midrise 3-304 | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Fagan, Marion | |
| STREET ADDRESS | 1605 U.S. Hwy.1 Tennis Villa 6-101 | |
| CITY-ST-ZIP | Jupiter, FL 33477 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rodger DeValue | |
| STREET ADDRESS | 1605 U.S. Hwy.1 Searise F-201 | |
| CITY-ST-ZIP | Jupiter, FL 33477 | |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)