

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-03-2003 90411 027 \*\*\*61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734709

1. Entity Name

JUPITER OCEAN AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1895 U.S. HIGHWAY 1
JUPITER FL 33477
US

Mailing Address

1806 U.S. HIGHWAY 1
JUPITER FL 33477
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1754571

Applies For

Not Applicable

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Edward Dicker
Street Address (P.O. Box Number is Not Acceptable): 1818 Australian Ave, Ste. 400
City: West Palm Beach FL
Zip Code: 33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward Dicker

Ed Dicker

3/13/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include MASTROIANNI, BARBARA; FELDMAN, ARTHUR; FLYNN, FRANK; KOSTELNIK, BENICE; DEVALUE, RODGER.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include ADAMS, MAGGIE; DEVALUE, RODGER; HAUSLEIN, ROBERT.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or without like empowerment.

SIGNATURE:

REQUIRED

(NAME AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR)

DW

Daytime Phone #

CRE037 (10/02)