## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 04, 2001 8:00 am Secretary of State **DOCUMENT # 766549** 1. Entity Name JUPITER REEF CLUB CONDOMINIUM OWNERS ASSOCIATION 05-04-2001 90160 034 \*\*\*\*61.25 Principal Place of Business Mailing Address 1600 S A1A 1600 S A1A JUPITER FL 33477-8441 JUPITER FL 33477-8441 00047117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2699845 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POTEET, KATHRYN 1600 S A1A JUPITER FL 33477 City Zip Code FL 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 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 ~ Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change noitibhA 🕶 TITLE □ Delete DIRECTOR Ruth Neu211 NAME BRADLEY, STEPHEN W. NAME 300 N. AIA # NIOS STREET ADDRESS STREET ADDRESS 280 W CANTAN AVENUE #430 CITY-ST-7IP CITY-ST-ZIP upiter FL33477 WINTER PARK FL Addition TITLE VD ☐ Delete TITLE Change NAME NAME MCCARTER, MARION AVE TURNAMANATION STREET ADDRESS STREET ADDRESS 11000 SE FEDERAL HWY #105 BEACH GARDENS-FL-33418 CITY-ST-ZIP CITY-ST-7IP HOBE SOUND FL 33455 Anot Storm Secretary PD Delete TITLE A.O. Box 4746 NAME YOUNG, ROBERT NAME STREET ADDRESS STREET ADDRESS 7774 OLYMPIA DR. INDIANAPOUS. IN 46247 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME BRUNONE, ALBERT STREET ADDRESS STREET ADDRESS 4920 SABLE PINE CIR. #924B CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME SPIELMAN, ROBERT STREET ADDRESS STREET ADDRESS 10 MOLA ROAD CITY-ST-ZIP CITY-ST-ZIP NORWALK CT TITLE Delete TITLE ☐ Change ☐ Addition NAME SWANEY, ROBERT NAME STREET ADDRESS STREET ADDRESS 8671 SE EAGLE AVE. CITY-ST-7IP CITY-ST-ZIP HOBE SOUND FL 33455 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELLANDERS, with all other like empowered.

4-18-01 561-747-7788