

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768236 (2)  
1. Corporation Name

THE JUPITER BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 4161 US HWY 1 JUPITER FL 33477  
Mailing Address: 103 SO US 1 #F5-135 JUPITER FL 33477

3. Date Incorporated or Qualified <b>05/03/1983</b>	3a. Date of Last Report <b>11/13/1995</b>
4. FEI Number <b>59-2174111</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**INGLIS, STEVEN  
C/O BRISTOL MANAGEMENT  
103 SO US 1 #F5-135  
JUPITER FL 33477**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. FEI Number	84. City	85. Zip Code
		<b>100001773111</b>		
		<b>-04/09/96--01011--014</b>		
		<b>***61.25</b>	<b>FL</b>	

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>MCLEAN, JOHN</b>	
STREET ADDRESS	<b>4161 US HWY ONE M3</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>SANZARI, JOE</b>	<input type="checkbox"/>
NAME	<b>SANZARI, JOE</b>	
STREET ADDRESS	<b>4161 US HIGHWAY ONE #D2</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>PICCIONE, CONSTANTINE</b>	<input type="checkbox"/>
NAME	<b>PICCIONE, CONSTANTINE</b>	
STREET ADDRESS	<b>4161 US HWY ONE A4</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>SUAREZ, CAROL</b>	<input checked="" type="checkbox"/>
NAME	<b>SUAREZ, CAROL</b>	
STREET ADDRESS	<b>4161 SO US HWY 1 #C-2</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>NICHOLS, ED</b>	<input checked="" type="checkbox"/>
NAME	<b>NICHOLS, ED</b>	
STREET ADDRESS	<b>4161 SO US HWY 1, #E2</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	<b>P/D James Anello</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>4161 US HWY ONE D3</b>		
1.3 STREET ADDRESS	<b>Jupiter FL 33477</b>		
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>P/D Sanzari, Joe</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>4161 US Hwy 1 #D2</b>		
2.3 STREET ADDRESS	<b>JUPITER, FL 33477</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>S/D Piccione, Constantine</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>4161 US Hwy 1, #A4</b>		
3.3 STREET ADDRESS	<b>JUPITER FL 33477</b>		
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>P/D Frank Vini</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>4161 US HWY ONE L2</b>		
4.3 STREET ADDRESS	<b>Jupiter FL 33477</b>		
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>D Elaine Kochmandy</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>4161 US Hwy one #2</b>		
5.3 STREET ADDRESS	<b>Jupiter, FL 33477</b>		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **3/5/96** 407-575-2551

CR2E037 (12/95)