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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
4161 US HWY 1 JUPITER FL 33477 103 SO US 1 #F5-135 JUPITER FL 33477-5132

3. Date Incorporated or Qualified 05/03/1983 3a. Date of Last Report 04/08/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2174111 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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  
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANELLO, JAMES	
STREET ADDRESS	4161 US HWY ONE, D-3	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANZARI, JOE	
STREET ADDRESS	4161 US HIGHWAY ONE #D2	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PICCIONE, CONSTANTINE	
STREET ADDRESS	4161 US HWY ONE A4	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	FINI, FRANK	
STREET ADDRESS	4161 US HWY 1, L-2	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOCHMANDI, ELAINE	
STREET ADDRESS	4161 US HWY ONE, N-2	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<i>Pres</i> Faichney James	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4161 US Hwy One J-4	
1.3 STREET ADDRESS	Jupiter, FL 33477	
1.4 CITY-ST-ZIP		
2.1 TITLE	<i>VP</i> Nichols Diane	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4161 US Hwy One E2	
2.3 STREET ADDRESS	Jupiter, FL 33477	
2.4 CITY-ST-ZIP		
3.1 TITLE	<i>Sec</i> Lambert, Don	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4161 US Hwy One B2	
3.3 STREET ADDRESS	Jupiter, FL 33477	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

CR2E037 (9/96)