

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90047 031 ****61.25

DOCUMENT # 768236

1. Entity Name

THE JUPITER BEACHCOMBER CONDOMINIUM ASSOCIATION,

Principal Place of Business

4161 US HWY 1
 JUPITER FL 33477

Mailing Address

103 SO US 1 #F5-135
 JUPITER FL 33477-5132

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

725 NAIA

C-110

JUPITER FL

33477

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2174111

Applied For

Not Applicable

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

INGLIS, STEVEN
 C/O BRISTOL MANAGEMENT
 103 SO US 1 #F5-135
 JUPITER FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

725 NAIA C-110

City JUPITER

FL

Zip Code

33477

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 checked="" type="checkbox"/> Delete
NAME	SANZARI, JOSEPH	
STREET ADDRESS	4161 US HWY ONE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOCHMANDY, ELAINE	
STREET ADDRESS	4161 US HWY ONE, #N-2	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCLEAN, DIANE M	
STREET ADDRESS	4161 SOUTH U.S. ONE M3	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUAREZ, CAROL D	
STREET ADDRESS	4161 SOUTH U.S. H. 1, C-2	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DIROCCO, PAUL	
STREET ADDRESS	4161 US HWY ONE, #I-1	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Constantino Piccone	
STREET ADDRESS	4161 S US Hwy 1 AY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Di Rocco Anita	
STREET ADDRESS	4161 S US Hwy 1 # I2	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000
 Date

Daytime Phone #

CR2E037 (9/99)