


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 25 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N96000002941 (0)**  
 1. Corporation Name  
**JUPITERFARMS HORSEMEN'S ASSOCIATION, INC.**



Principal Place of Business <b>12671 158TH STREET NORTH JUPITER FL 33478</b>	Mailing Address <b>P.O. BOX 1073 JUPITER FL 33468</b>
---	--

3. Date Incorporated or Qualified <b>06/01/1996</b>	
4. FEI Number <b>65-0672042</b>	Applied For <input type="checkbox"/> Yes <input checked="" 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent <b>CONDON, PATRICIA 158TH STREET NORTH JUPITER FL 33478</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <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 *Patricia J. Condon* **Patricia J. Condon** **6/4/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>OAKES-SIMPSON, FELICITY</b>	
STREET ADDRESS <b>P.O. BOX 1061</b>	
CITY-ST-ZIP <b>JUPITER FL 33468</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BLAINE, BARBARA</b>	
STREET ADDRESS <b>2535 S.E. RANCH ACRES CIRCLE</b>	
CITY-ST-ZIP <b>JUPITER FL 33478</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>CONDON, PATRICIA</b>	
STREET ADDRESS <b>17095 130TH AVENUE</b>	
CITY-ST-ZIP <b>JUPITER FL 33478</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HIGHT, TIMOTHY</b>	
STREET ADDRESS <b>16053 134TH TERRACE N.</b>	
CITY-ST-ZIP <b>JUPITER FL 33478</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WILSON, LUANN</b>	
STREET ADDRESS <b>16802 123RD TERR N</b>	
CITY-ST-ZIP <b>JUPITER FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>GINN, JAYNE</b>	
STREET ADDRESS <b>16124 126TH TERRACE</b>	
CITY-ST-ZIP <b>JUPITER FL 33478</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Spillman, Judy</b>	
1.3 STREET ADDRESS <b>11152 159th Ct. N.</b>	
1.4 CITY-ST-ZIP <b>Jupiter, FL 33478</b>	
2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Charbonneau, Jacqui</b>	
2.3 STREET ADDRESS <b>18837 129th Dr. N</b>	
2.4 CITY-ST-ZIP <b>Jupiter, FL 33478</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Foley, Betsy</b>	
4.3 STREET ADDRESS <b>6292 Launch Club Cir.</b>	
4.4 CITY-ST-ZIP <b>Jupiter, FL 33458</b>	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Glauff, Barbara</b>	
5.3 STREET ADDRESS <b>18699 127th Dr. N.</b>	
5.4 CITY-ST-ZIP <b>Jupiter, FL 33478</b>	
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 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.

SIGNATURE: *Betsy Foley* **Betsy Foley** **6/3/98** **511-746-2886**

CR2E037 (1097)