

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **734742** (0)  
1. Corporation Name  
**JUPITER INLET SAFE BOATING ASSOCIATION, INC.**



Principal Place of Business <b>431 JUPITER LAKES BLVD #2106A JUPITER FL 33458 US</b>	Mailing Address <b>431 JUPITER LAKES BLVD #2106A JUPITER FL 33458-7118 US</b>
---	--

3. Date Incorporated or Qualified <b>12/31/1975</b>	3a. Date of Last Report <b>03/19/1996</b>
--	--

2. Principal Place of Business <b>21 104 PARADISE HARBOR DR. Suite, Apt. #, etc. <b>APT 514</b> City &amp; State <b>NORTH PALM BEACH, FL.</b> Zip <b>33477</b> Country <b>US</b></b>	2a. Mailing Address <b>27 104 PARADISE HARBOR DR. Suite, Apt. #, etc. <b>APT 514</b> City &amp; State <b>NORTH PALM BEACH, FL.</b> Zip <b>33477</b> Country <b>US</b></b>
---	--

4. FEI Number <b>59-2447561</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KNIGHT, WALTER C. J  
431 JUPITER LAKES BLVD  
2106A  
JUPITER FL 33458**

10. Name and Address of New Registered Agent  
**81 Name **EVELYN T. LESNIK, EVELYN T.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**104 PARADISE HARBOR BLVD #514**  
83  
84 City **NORTH PALM BEACH** FL **85 Zip Code **33408******

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 **EVELYN T. LESNIK**  
Signature, typed or printed name of registered agent and title if applicable

*Evelyn T. Lesnik* 3/17/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>WOOD, WILLIAM</b>	
STREET ADDRESS	<b>143 TURTLE CREEK DRIVE</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOLDRICK, JOHN P</b>	
STREET ADDRESS	<b>326 JUPITER LAKES BLVD., #2302C</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ELSNIK, EVELYN T</b>	
STREET ADDRESS	<b>104 PARADISE HARBOR BLVD., #514</b>	
CITY-ST-ZIP	<b>N. PALM BCH. FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, JANE</b>	
STREET ADDRESS	<b>103A SEA OATS DR</b>	
CITY-ST-ZIP	<b>JUNO BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KNIGHT, WALTER C</b>	
STREET ADDRESS	<b>431 JUPITER LAKES BLVD., #2106N</b>	
CITY-ST-ZIP	<b>JUPITER FL.</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KISKADDON, ROBERT W.</b>	
2.3 STREET ADDRESS	<b>3950 SHEARWATER DRIVE</b>	
2.4 CITY-ST-ZIP	<b>JUPITER, FL. 33477</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LESNIK, EVELYN T.</b>	
3.3 STREET ADDRESS		
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	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>RYAN, JOSEPH X.</b>	
6.3 STREET ADDRESS	<b>109 YACHT CLUB DRIVE</b>	
6.4 CITY-ST-ZIP	<b>JUPITER, FL. 33477</b>	

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.

SIGNATURE: *Walter C. Knight* PRESIDENT 4/22/97 (561) 744-8675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043487

CR2E037 (9/96)