

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90019 004 ****61.25

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DOCUMENT # 734742

1. Corporation Name

JUPITER INLET SAFE BOATING ASSOCIATION, INC.

Principal Place of Business

143 TURTLE CREEK DRIVE
TEQUESTA FL 33469
US

Mailing Address

143 TURTLE CREEK DR
TEQUESTA FL 33469
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/31/1975

4. FEI Number

59-2447561

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

9. Name and Address of Current Registered Agent

WOOD, WILLIAM H
143 TURTLE CREEK DRIVE
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, WILLIAM H	
STREET ADDRESS	143 TURTLE CREEK DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DORSKY, TED	
STREET ADDRESS	142 BEACH SUMMIT COURT	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PILLA, FRANK	
STREET ADDRESS	18062 APRIL LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TODD, JANE	
STREET ADDRESS	103A SEA OATS DR	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESNIK, LEONARD	
STREET ADDRESS	104 PARADISE HARBOR BLVD, #514	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, JOSEPH X	
STREET ADDRESS	109 YACHT CLUB DR	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	LESNIK, EVELYN
3.4 CITY-ST-ZIP	104 PARADISE HARBOR BLVD, #514 NORTH PALM BEACH, FL 33408
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	AHEARN, ELLEN
4.4 CITY-ST-ZIP	139 SO. ANCHORAGE DR. NORTH PALM BEACH, FL 33408
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 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 with all other like empowered.

SIGNATURE:

WILLIAM H. WOOD, PD, WILLIAM H. WOOD MAR. 1, 1999 561-746-0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)