

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 032 ****61.25

| | | | | | |
|---|--------------------------------------|---|--|---|---|
| DOCUMENT # 734742 1. Entity Name JUPITER INLET SAFE BOATING ASSOCIATION, INC. | | | | | |
| Principal Place of Business % ELLEN AHEARN 139 ANCHORAGE DRIVE S. NORTH PALM BEACH, FL 33408-5024 US | | | Mailing Address C/O ELLEN AHEARN TREAS 139 ANCHORAGE DR S NORTH PALM BEACH, FL 33408-5024 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2447561 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| AHEARN, ELLEN F 139 ANCHORAGE DR S NORTH PALM BEACH, FL 33408 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPANIER, LAWRENCE A | | NAME | | |
| STREET ADDRESS | 10851 CAMINO CIR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33414 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEFAZIO, SAMUEL G | | NAME | | |
| STREET ADDRESS | 16211 130TH AVE N | | STREET ADDRESS | | |
| CITY-ST-ZIP | JUPITER, FL 33478 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESNIK, EVELYN | | NAME | | |
| STREET ADDRESS | 104 PARADISE HARBOR BLVD #514 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AHEARN, ELLEN F | | NAME | | |
| STREET ADDRESS | 139 ANCHORAGE DR S | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TODD, JANE H | | NAME | | |
| STREET ADDRESS | 103-A SEA OATS DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | N PALM BEACH, FL 33408 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NILSEN, ROBERT | | NAME | | |
| STREET ADDRESS | 17001 FRESHWIND CIR | | STREET ADDRESS | | |
| CITY-ST-ZIP | JUPITER, FL 33477 | | 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: <u>Ellen F. Ahearn</u> Ellen F. Ahearn | | | 1-21-05 (561) 840-7977 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |