


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90047 011 *****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, 2006		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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEFAZIO, SAMUEL G		NAME	VD	
STREET ADDRESS	16211 130TH AVE N		STREET ADDRESS	Picinillo, George	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	1420 Ocean Way, Apt. 2B	
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 PLAM 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 checked="" type="checkbox"/> Addition	
NAME	NILSEN, ROBERT		NAME	D	
STREET ADDRESS	17001 FRESHWIND CIR		STREET ADDRESS	White, Ron	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	1125 Ocean Dunes Cir.	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D	
STREET ADDRESS			STREET ADDRESS	Lodico, Dr. Richard	
CITY-ST-ZIP			CITY-ST-ZIP	2001 Marina Way, Unit #104	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ellen F. Ahearn</i> Ellen F. Ahearn			2-24-06 (561) 845-8927		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		