

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734742

FILED
Jan 14, 2009
Secretary of State

Entity Name: JUPITER INLET SAFE BOATING ASSOCIATION, INC.

Current Principal Place of Business:

% ELLEN AHEARN
139 ANCHORAGE DRIVE S.
NORTH PALM BEACH, FL 334085024 US

New Principal Place of Business:

Current Mailing Address:

C/O ELLEN AHEARN TREAS
139 ANCHORAGE DR S
NORTH PALM BEACH, FL 334085024 US

New Mailing Address:

FEI Number: 59-2447561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHEARN, ELLEN F
139 ANCHORAGE DR S
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GENTILE, GEORGE G
Address: 9438 SOUTHERN OAK LANE
City-St-Zip: JUPITER, FL 33478

Title: VP () Delete
Name: PICIULLO, GEORGE
Address: 1420 OCEAN WY, APT 2B
City-St-Zip: JUPITER, FL 33477

Title: SD () Delete
Name: AHEARN, ELLEN
Address: 139 ANCHORAGE DR. S.
City-St-Zip: NORTH PLAM BEACH, FL 33408

Title: T () Delete
Name: AHEARN, ELLEN F
Address: 139 ANCHORAGE DR S
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: WHITE, RON
Address: 1125 OCEAN DUNES CIR
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: SCHUMACHER, MEL DR
Address: 9906 SE BUTTONWOOD WAY
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN F AHEARN

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date