

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:00

DOCUMENT # 710599

(2)

1. Corporation Name

JUPITER INLET BEACH CLUB, INC.

Principal Place of Business

Mailing Address

**P O BOX 3821
TEQUESTA FL 33469**

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TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1966

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1146317

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~OTKMAR, FIEBEL~~
**18860 LOXAHATCHEE RIVER RD.
JUPITER FL 33458**

81 Name **FIEBEL, OTTMAR J.**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SHIMER, CARROLL
STREET ADDRESS	218 PIRATES PL
CITY - ST - ZIP	JUPITER FL
TITLE	D
NAME	EBLE, ANN
STREET ADDRESS	218 PIRATES PLACE
CITY - ST - ZIP	JUPITER FL
TITLE	TD
NAME	BYECROFT, AL
STREET ADDRESS	144 BEACON LN
CITY - ST - ZIP	JUPITER FL
TITLE	V
NAME	SHIMER, JOHN S.
STREET ADDRESS	218 PIRATE PLACE
CITY - ST - ZIP	JUPITER FL 33469
TITLE	P
NAME	FIEBEL, OTTMAR
STREET ADDRESS	18860 LOXAHATCHEE RVR RD
CITY - ST - ZIP	JUPITER FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	☒ Change ☐ Addition
1.2 NAME	BEATRICE SNYDER, BEATRICE	
1.3 STREET ADDRESS	95 LIGHTHOUSE DR.	
1.4 CITY - ST - ZIP	JUPITER, FL 33469	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	DELETE	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	PINKAS, PETER F.	
3.3 STREET ADDRESS	39 OCEAN DR.	
3.4 CITY - ST - ZIP	JUPITER, FL 33469	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	FIEBEL, OTTMAR	
5.3 STREET ADDRESS	18860 Loxahatchee Rvr. Rd.	
5.4 CITY - ST - ZIP	Jupiter, FL 33458	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OTTMAR J. FIEBEL
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

13 MAR 95 407-746-3070
Date (Month/Day/Year)