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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 710599

(2)

| 1. Corporation | n Name | • (| - , | | Į | | | | |
|---|--|---|---------------------|------------------------------|--------------|--|-------------------|--|--------------------|
| JUPITER INLET BEACH CLUB, INC. | | | | | | | | | |
| | | | | | | n 1804de and de 1184a dêjas asten anelb | ian anga ar | a (a a a a a a a a a a a a a a a a a a | DI BIBLI HBBI |
| | | | | | | | | | |
| Principal Place of Business Malling Address | | | | | | 16911 1010 1110 0016 01111 1610 | 1011 41011 01 | Wal diğil oldı es | |
| P O BOX 3821 P O BOX 3821 | | | | | | | | | |
| TEQUESTA FL 33469 TEQUESTA FL 33469-0821 | | | | | 1 | | | | |
| | | | | | - | 3. Date Incorporated or Qualified | Яв Г | ate of Last Re | enord |
| | | | | | | 03/25/1966 | ••• | 02/15/199 | 16 |
| 2. Principal P | lace of Business | 2a. Mailing Ad | 2a. Mailing Address | | | 4. FEI Number | | Ap | plied For |
| 21 | | 26 | | | | 59-1146317 | | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 | |
| 22 | | 27 | | | | Fee Required | | | |
| City & State | 8 | — ´ | City & State | | | 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip Country | | | | B. This corporation has liability for Intangible tax under s. 199.032, | | | |
| 24 | 25 | 29 | 30 | | | | | No | 199.032, |
| [27] | 9. Name and Address of Curre | | 1901 | | | 10. Name and Address of New R | | | |
| B1 Nam | | | | | | | | | |
| FIEBEL. | OTTMAR J | | | B2 Street | Pempe | er Ronald S. s (P.O. Box Number is Not Accepta | blo) | | |
| 18860 LOXAHATCHEE RIVER RD. | | | | | 225 1 | Beach Rd | Di o J | | 1 |
| JUPITER FL 33458 | | | | | 503 | | | | |
| | | | | 04 00 | | | | 85 ₂ Zip,(| Code |
| | | | | | [eque | | FL | . 334 | |
| 11. Pursuant | to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the eblic | 02 and 617.1508, Flo | rida Statutes, th | ne above-named | corpora | ation submits this statement for the | purpose o | of changing its | s registered |
| agent. I a | m familiar with, and accept the oblig | ations of Section 67 | 7.050a Florida | Statutes. | poration | עליביל או | 9-7 | JOH DO TO THE GO | rogistorea |
| SIGNATURE | | <u> </u> | 1 Ret | / | | 71-41 | | | |
| 12. | Signature typed or printed name of registered in | gent and title if applicable. ND DIRECTORS | | stered Agent signature | required (| when reinstating) ADDITIONS/CHANGES TO OFFI | DATE CEDS AN | D DIRECTOR | C IN 12 |
| TITLE | D OFFICERS AI | | | 1,1 TITLE | Τ | ADDITIONS/OFFIANGES TO OFFI | OLINO AIN | Change | Addition |
| NAME | SNYDER, BEATRICE | ســـ | | 1.2 NAME | | | | | |
| STREET ADDRESS | 95 LIGHTHOUSE DR | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | JUPITER FL | | 1 | 1.4 CITY-ST-ZIP | 1 | | | | |
| TITLE | D | X | | 21 TITLE | D | | | X Change | Addition |
| NAME | PINKAS, PETER F | | | 2.2 NAME | Min | ges, Margaret P. | | | |
| STREET ADDRESS | 39 OCEAN DR | | | 2.3 STREET ADDRESS | | Shelter Lane | | | |
| CITY-ST-ZIP | JUPITER FL | | | 2. 4 CITY-ST-ZIP | Jup | iter FL 33469 | | | |
| TITLE | V | Ğ | DELETE | 3.1 TITLE | V | | | Change | Addition |
| NAME | SHIMER, JOHN S. | | | 3.2 NAME | Bra | yman, Ted | | | |
| STREET ADDRESS | 218 PIRATE PLACE | • | | 3.3 STREET ADDRESS | 216 | Pirates Place | | | |
| CITY-ST-ZIP | JUPITER FL 33469 | · | | 3.4. CITY - ST - ZIP | Jup | iter FL 33469 | | | |
| TITLE | D | ايلاا | | 4.1 TITLE | D D | (P) | | Y Change | Addition |
| NAME | FIEBEL, OTTMAR | D D | | 4. 2 NAME | | per, Ron | | | |
| STREET ADDRESS | 18860 LOXAHATCHEE RVR I | KU | | 4.3 STREET ADDRESS | | Beach Road, #503 | | | i |
| CITY-ST-ZIP | JUPITER FL | П | | 4.4 CITY-ST-ZIP 5.1 TITLE | Teq | uesta FL 33469 | | Change | Addition |
| TITLE | | L | | | | | | TTI Cuantic | L ADDITION |
| NAME CTREET ADDRESS | | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | П | | 5.4 CITY-ST-ZIP 6.1 TITLE | | · · · · · · · · · · · · · · · · · · · | • | Change | Addition |
| NAME | | D | 1 | 6.2 NAME | | | | enny minerita | manufic variations |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | • | | | |
| JANEEL ADDRESS | | | | p.p office i Paralledo | | | | | |

14. I do 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 attagrament with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR