FILED **FILE NOW: FILING FEE IS \$61.25** NONPROFIT May 22 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #**1. Corporation Name JUPITER INLET BEACH CLUB, INC. Principal Place of Business Mailing Address P O BOX 3821 P O BOX 3821 3. Date Incorporated or Qualified TEQUESTA FL 33469 TEQUESTA FL 33469 03/25/1966 4. FELNumber Applied For 59-1146317 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 244 Ocean Drive 26 Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes **⊠** No 28 23 Country Zip Country 8. This corporation owes or has paid the current year intangible U5 A 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PEMPER, RONALD S 82 Street Address (P.O. Box Number is Not Acceptable) 225 BEACH RD. 83 #503 **TEQUESTA FL 33469** 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE SUNSHINE, NANCY SNYDER, BEATRICE NALAF 1 2 NAME 171 GOLFVIEW DR. 95 LIGHTHOUSE DR STREET ADDRESS 1.3 STREET ADDRESS TEQUESTA, FL 33469 JUPITER FL CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE Change ___ Addition TITLE 21 T/() F MINGES, MARGARET P 2.2 NAME 234 SHELTER LANE STREET ADDRESS 2.3 STREET ADDRESS Jupiter Fl City-St-ZiP 2 4 City-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE Brayman, ted 3.2 NAME 216 PIRATES PLACE STREET ADDRESS 3.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ■ Addition PEMPER, RON NAME 4. 2 NAME 225 BEACH RD., #503 STREET ADDRESS 4.3 STREET ADDRESS **TEQUESTA FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby 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 or an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.2 NAME

STREET ADDRESS

CITY-ST-ZIP

BOUND S REMARK S/198 831-747-8049 SIGNATURE: