

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90157 036 ****61.25

DOCUMENT # 710599 1. Entity Name JUPITER INLET BEACH CLUB, INC.					
Principal Place of Business 244 OCEAN DRIVE TEQUESTA, FL 33469 US			Mailing Address P O BOX 3821 TEQUESTA, FL 33469		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1146317	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPAGEORGE, TERRI 185 E. INDIANTOWN RD. STE, 127 JUPITER, FL 33477			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP EHTERINGTON, GEOFF 84 LIGHTHOUSE DR. JUPITER, FL 33469	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TUSSELL, DAVID 5865 RIVER ISLE JUPITER, FL 33458	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DANZIGER, GARY 25 LIGHTHOUSE DR. JUPITER, FL 33469	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOMMERVILLE, ROBERT 118 LIGHTHOUSE DR. TEQUESTA, FL 33469	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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12. I 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 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: <u>Gloria Petkas, Treas</u> <u>Gloria Petkas</u> <u>Apr 4, 2005</u> <u>561-746-3410</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					