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.					04-11-2005 90157 036 ****61.25			
Principal Place of Business 244 OCEAN DRIVE TEQUESTA, FL 33469 US Mailing Address P O BOX 3821 TEQUESTA, FL 33469			,			E TOTA OTOTO GIVEN GIVEN GIVEN GERNIN	. 8101/132 OF IFO	
2. Principal Place of Business 3. Mailing		3. Mailing Address	ling Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		011320	05 Chg-NP	CR2E037 (10/0)	3)	
City & State		City & State		4. FEI N	ımber 146317		Applied For	
Zip	Country	Zíp	Country	5. Certifi	cate of Status Desire	d 🗆 \$8.75 Fee Requ	Additional	
	6. Name and Address of Current	Registered Agent			and Address of Ne	w Registered Agent		
PAPAGEORGE TERRI			Name	Name				
PAPAGEORGE, TERRI 185 E. INDIANTOWN RD. STE, 127 JUPITER, FL 33477				Street Address (P.O. Box Number is Not Acceptable)				
			City			₽ ₽ Zip C	`oda	
						FL		
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) DATE								
ı	Signature, typed or printed name or registered agent	ало пре ії аррисадже. (АС)	E: Hegistered Agent sign	ature required when reinstatin		UAIE		
:-	Filling Fee is \$61.25 Due by May 1, 2005	9. Election Ca	mpaign Financing Contribution	•	ay Be	Make check payable florida Department of		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Ca Trust Fund	mpaign Financing	\$5.00 M Added to F	ay Be ees F	Make check payable	State	
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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: SIGNATURE AND Gloria PetKAS