

FILED
Mar 14, 2006 8:00 am
Secretary of State



50002582

DOCUMENT # 710599 1. Entity Name JUPITER INLET BEACH CLUB, INC.						03-14-2006 90039 024 ****61.25	
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				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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) DATE							
Filing Fee is \$61.25 Due by May 1, 2006				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	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TASSELL, DAVID 5865 RIVER ISLE JUPITER, FL 33458 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PETKAS, GLORIA 34 OCEAN DR JUPITER, FL 33469 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WARD, PAMELA 118 OLYMPUS CIR JUPITER, FL 33477 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JOAN Sommerville ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ELIZABETH EVANS ☐ Change ☒ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Gloria Petkas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				MAR 8, 2006 (561) 746-3410 Date Daytime Phone #			