

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90070 009 \*\*\*\*61.25

**DOCUMENT # 712573**

1. Entity Name  
**JUPITER ISLAND GARDEN CLUB, INC.**



Principal Place of Business

P O BOX 1410  
HOBE SOUND, FL 33475-8410

Mailing Address

P O BOX 1410  
HOBE SOUND, FL 33475-8410

**20008068**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**23-7075048**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PAYSON, JOANNE  
11870 SE DIXIE  
HOBE SOUND, FL 33455

7. Name and Address of New Registered Agent

Name  
**Ann Geupel**  
Street Address (P.O. Box Number is Not Acceptable)  
**53 S. Beach Road**  
**Hobe Sound, FL 33455**  
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

*Ann Geupel*

**Ann Geupel, President**

**3/29/07**

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, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GEUPEL, ANN  
53 S BEACH ROAD  
HOBE SOUND, FL 33455 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PAYSON, JOANNE  
230 S BEACH RD  
HOBE SOUND, FL 33455 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KHOURY, JULIE  
149 S BEACH ROAD  
HOBE SOUND, FL 33455 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BROWN, SOLANGE  
207 S BEACH ROAD  
HOBE SOUND, FL 33455 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GEUPEL, ANN  
53 S. BEACH ROAD  
HOBE SOUND, FL 33455 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BULLEN, JOYCE  
414 S. BEACH ROAD  
HOBE SOUND, FL 33455 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Julie Khoury, Treasurer*

**3/27/07**

Date

**(772) 545-0022**

Daytime Phone #