

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90054 042 ****61.25

DOCUMENT # 716499

1. Entity Name
JUPITER RIVER PARK, INC.



Principal Place of Business
**8895 N MILITARY TRAIL
201E
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**8895 N MILITARY TRAIL
201E
PALM BEACH GARDENS, FL 33410 US**

50032609



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1475043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ST JOHN, LEON
C/O ST. JOHN AND KING
500 AUSTRALIAN AVE S, SUITE 600
WEST PALM BEACH, FL 33401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEARSALL, DON			NAME			
STREET ADDRESS	400 N A1A, #26			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGIRR, MIKE			NAME			
STREET ADDRESS	400 N A1A #68			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSE, MARIANNE			NAME	Ed Peters		
STREET ADDRESS	400 N A1A #89			STREET ADDRESS	400 N A1A #48		
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP	Jupiter, FL 33477		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMANN, WALTER			NAME			
STREET ADDRESS	400 N A1A#120			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Walter M. Mann* **3/28/05** **561-741-0619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #