



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90040 033 \*\*\*\*61.25

<b>DOCUMENT # 716499</b> 1. Entity Name <b>JUPITER RIVER PARK, INC.</b>					
Principal Place of Business <b>8895 N MILITARY TRAIL 201E PALM BEACH GARDENS, FL 33410 US</b>			Mailing Address <b>8895 N MILITARY TRAIL 201E PALM BEACH GARDENS, FL 33410 US</b>		
2. Principal Place of Business - No P.O. Box # <b>600 Sandtree Drive</b>		3. Mailing Address <b>600 Sandtree Drive</b>		  03292007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>Suite 109</b>		Suite, Apt. #, etc. <b>Suite 109</b>			
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>			
Zip <b>33403</b>		Zip <b>33403</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-1475043</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ST JOHN, LEON C/O ST. JOHN AND KING 500 AUSTRALIAN AVE S, SUITE 600 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>Donna McDonald</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Capital Realty Advisors Inc.</b> <b>600 Sandtree Dr., Ste. 109</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33403</b>	
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 <b>Donna McDonald</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-7-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HOLMES, RAY <input type="checkbox"/> Delete 400 N A1A, # 132 JUPITER, FL 33477			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCGIRR, MIKE <input type="checkbox"/> Delete 400 N A1A #68 JUPITER, FL 33477			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PETERS, ED <input type="checkbox"/> Delete 400 N A1A #48 JUPITER, FL 33477			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCMANN, WALTER <input type="checkbox"/> Delete 400 N A1A#120 JUPITER, FL 33477			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Wesley M. R.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3/3/07</b> Daytime Phone # <b>741-0619</b>	