FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720677 (4)

1. Corporation Name

JUPITER ISLAND RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~12450 SE DIXIE~~ P.O. BOX 1551 HOBE SOUND FL 33455	~~12450 SE DIXIE~~ P.O. BOX 1551 HOBE SOUND FL 33455

3. Date Incorporated or Qualified: 04/05/1971
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-1004927 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRISKE, MARY
6412 SHERWOOD ST
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: MARY M. KRISKE — Signature, typed or printed name of registered agent and title if applicable — Mary M. Kriske — (NOTE: Registered Agent signature required when reinstating) — DATE: 6/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE		Change	Addition
TITLE	P	☑	1.1 TITLE	Treasurer	☐ ☑
NAME	SPENCER, MORTEN		1.2 NAME	Andrews, Nina C	
STREET ADDRESS	P.O. BOX 2502/44 S. BEACH RD.		1.3 STREET ADDRESS	226 S. Beach Rd	
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	Hobe Sound, Fl.	
TITLE	VD	☑	2.1 TITLE	VP	☐ ☑
NAME	RUDDER, DONALD		2.2 NAME	Cruice, Seth	
STREET ADDRESS	P.O. BOX 726/67 N. BEACH RD.		2.3 STREET ADDRESS	177 Gomez Rd.	
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	Hobe Sound, Fl.	
TITLE	D	☐	3.1 TITLE	D	☐ ☑
NAME	VICENZI, JOYCE		3.2 NAME	Hunter, Katherine	
STREET ADDRESS	P.O. BOX 8403/142 N. BEACH RD.		3.3 STREET ADDRESS	239 South Beach Rd	
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP	Hobe Sound, Fl.	
TITLE	TD	☐	4.1 TITLE	D	☑ ☐
NAME	BASSETT, KATHRYN		4.2 NAME		
STREET ADDRESS	P.O. BOX 542/36 GOMEX RD. →		4.3 STREET ADDRESS	only change in title	
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐	5.1 TITLE	President	☑ ☐
NAME	REED, ANDREW JR		5.2 NAME		
STREET ADDRESS	198 S. BCH RD. →		5.3 STREET ADDRESS	only change in title	
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nina C. Andrews — 6/30/96 — (407) 546-6852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nina C. Andrews Treasurer

CR2E037 (12/95)