FILE NOW: FILING FEE IS $61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33455-5605

3. Date Incorporated or Qualified: 04/05/1971
3a. Date of Last Report: 07/19/1996

2. Principal Place of Business (21): Suite, Apt #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): 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: K Mary M. Kriske — April 10, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	ANDREWS, NINA C.		1.2 NAME		
STREET ADDRESS	226 S. BEACH RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP		
TITLE	~~P~~	☐ DELETE	2.1 TITLE	~~President~~ DIRECTOR	☒ Change ☐ Addition
NAME	CRUICE, SETH		2.2 NAME		
STREET ADDRESS	177 GOMEZ RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		2. 4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	~~Secretary~~ [redacted]	☒ Change ☒ Addition
NAME	VICENZI, JOYCE		3.2 NAME	Ginny Kjorlien	DIRECTOR
STREET ADDRESS	P.O. BOX 8483/142 N. BEACH RD.		3.3 STREET ADDRESS	86 Gomez Road	
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP	Hobe Sound, Fl. 33455	
TITLE	~~D~~ ~~P~~	☐ DELETE	4.1 TITLE	~~Vice President~~ [redacted]	☒ Change ☐ Addition
NAME	BASSETT, KATHRYN		4. 2 NAME	DIRECTOR O.K	
STREET ADDRESS	P.O. BOX 542/36 GOMEX RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP		
TITLE	~~P~~	☐ DELETE	5.1 TITLE	Still Board member but	☒ Change ☐ Addition
NAME	REED, ANDREW JR		5.2 NAME	no longer ~~President~~	
STREET ADDRESS	198 S. BCH RD.		5.3 STREET ADDRESS	~~Director~~ DIRECTOR	
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	~~Treas~~ DIRECTOR	☐ Change ☐ Addition
NAME	HUNTER, KATHERINE		6.2 NAME	O.K	
STREET ADDRESS	239 SOUTH BEACH RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: SIGN HERE REQUIRED — 4/8/97 — (561) 546-6852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043404