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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720677** (4)
1. Corporation Name
JUPITER ISLAND RESIDENTS ASSOCIATION, INC.



Principal Place of Business 12450 SE DIXIE P.O. BOX 1551 HOBE SOUND FL 33455		Mailing Address 12450 SE DIXIE P.O. BOX 1551 HOBE SOUND FL 33455		3. Date Incorporated or Qualified 04/05/1971
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		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		
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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	
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, NINA C. 226 S. BEACH RD HOBE SOUND FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	TREASURER JAMES KENNY 59 N. BEACH RD. HOBE SOUND, FL. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRUCE, SETH 177 GOMEZ RD HOBE SOUND FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KJORLIEN, GINNY 86 GOMEZ RD HOBE SOUND FL ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASSETT, KATHRYN P.O. BOX 542/36 GOMEX RD. HOBE SOUND FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REED, ANDREW JR 198 S. BCH RD. HOBE SOUND FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNTER, KATHERINE 239 SOUTH BEACH RD HOBE SOUND FL ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. 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 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: _____

3-14-98

CR2E037 (10/97)