2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90012 042 ****61.25

DOCUMENT # 720677

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KRISKE, MARY 6412 SHERWOOD ST HOBE SOUND FL 33455	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KENNY, JAMES 59 N BEACH RD HOBE SOUND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Annibali, Philip 112 N. Beach Road Hobe Sound, FL 33455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUICE, SETH 177 GOMEZ RD HOBE SOUND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Joyce Vicenzi 10 Saddler Trail Hobe Sound, FL 33455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KJORLIEN, GINNY 86 GOMEZ RD HOBE SOUND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Joseph Taddeo 478 Beach Road Hobe Sound, FL 33455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BASSETT, KATHRYN P.O. BOX 542/36 GOMEX RD. HOBE SOUND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Marjorie Pardun 518 S. Beach Road Hobe Sound, FL 33455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REED, ANDREW JR 198 S. BCH RD. HOBE SOUND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ VP Cushing, Thomas 372 S. Beach Road Hobe Sound, FL 33455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER, KATHERINE 239 SOUTH BEACH RD HOBE SOUND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hall, Eleanor 236 S. Beach Road Hobe Sound, FL 33455	☐ Change ☒ Addition

CR2E037 (10/00)

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: Joseph Taddeo 2/23/01 561-546-2283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #