2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #720677

Entity Name
JUPITER ISLAND RESIDENTS ASSOCIATION, INC.



FILED Feb 16, 2004 8:00 am Secretary of State 02-16-2004 90033 002 ****61.25

00111211	IOLAND REGISERVO AGO	00,, (110	, , , , , , , , , , , , , , , , , , , ,								
12450 SE DIXIE 1 P.O. BOX 1551 F		12450 P.O. B	Mailing Address 12450 SE DIXIE P.O. BOX 1551 HOBE SOUND, FL 33455			54006549					
2. Principal Place of Business 3. M			Mailing Address								
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			02112004 _C	hg-NP	CR2E03	37 (10/03)		
City & State		City & State			•	4. FEI Number 59-100492	 27			plied For t Applicable	
Zip	Country Zip		p Country			5. Certificate of Status Desired See Required					
	6. Name and Address of Current	Registered	Agent .	<u> </u>		7Name and Ad-	dress of N				
				Name	Name						
KRISKE, MARY 6412 SHERWOOD ST HOBE SOUND, FL 33455				Street A	Street Address (P.O. Box Number is Not Acceptable)						
				City	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. am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE											
·g · oo .o +o=o				paign Financing		\$5.00 May Be Added to Fees		Make checi Florida Depar			
10	OFFICERS AND D	RECTORS		11.	-	ADDITIONS/CHANG	SES TO OF	FICERS AND DI	RECTORS IN	10	
TITLE NAME . STREET ADDRESS CITY-ST-ZIP	D ANNIBALI, PHILIP 112 N BEACH ROAD HOBE SOUND, FL 33455		K I Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	112	IBALI, P NN BEAC E SOUND,	H RO		☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICENZI, JOYCE 10 SADDLER TRAIL HOBE SOUND, FL 33455		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOD	L SCOND,	<u> </u>	<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL,,RICHARD 43 N. BEACH ROAD HOBE SOUND, FL 33455		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		··	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARDUM, MARJORIE 518 S BEACH ROAD HOBE SOUND, FL 33455		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	102	ONEY, JE PALMETT SE SOUND,	O TR	AIL 33455	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CUSHING, THOMAS 372 S BEACH ROAD HOBE SOUND, FL 33455		💢 Delete	NAME STREET ADDRESS CITY-ST-ZIP		-	*		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ELEANOR 236 S BEACH ROAD HOBE SOUND, FL 33455		🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				en e	Change	☐ Addition	
12. I hereby	certify that the information supplied wit too this report or supplemental report	th this filing o	does not qualify for t	the exemption sta	ated in Se	ection 119.07(3)(i), F	Florida State	utes. I further ce	rtify that the in	nformation or director	

of the corporation 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR