

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90082 026 ****61.25

DOCUMENT # 720677

1. Entity 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**

40075827



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 1551

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182007

Chg-NP

CR2E037 (12/06)

City & State

City & State

Hobe Sound, FL

4. FEI Number

59-1004927

Applied For

Not Applicable

Zip

Country

Zip

Country

33475

USA

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. I 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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete
NAME **DANFORTH, LAURA**
STREET ADDRESS **278 S BEACH RD**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **VP** ☐ Change ☒ Addition
NAME **SPURGEON, JIM**
STREET ADDRESS **12 N. BEACH ROAD**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **P** ☐ Delete
NAME **VICENZI, JOYCE**
STREET ADDRESS **10 SADDLER TRAIL**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **HILL, RICHARD**
STREET ADDRESS **43 N. BEACH ROAD**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **T** ☐ Change ☒ Addition
NAME **HOTCHKISS, WIN**
STREET ADDRESS **154 S. BEACH ROAD**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **S** ☐ Delete
NAME **MAHONEY, JEAN B**
STREET ADDRESS **102 PALMETTO TRAIL**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Win Hotchkiss **Win Hotchkiss** 04/20/07 (772) 545-0022