2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720677

FILED Feb 25, 2009 Secretary of State

Entity Name: JUPITER ISLAND RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

 12450 SE DIXIE
 8961 SE BRIDGE ROAD

 P.O. BOX 1551
 HOBE SOUND, FL 33455

HOBE SOUND, FL 33455

Current Mailing Address: New Mailing Address:

PO BOX 1551

HOBE SOUND, FL 33475

FEI Number: 59-1004927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRISKE, MARY 6412 SHERWOOD ST HOBE SOUND, FL 33455 US

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:

- Clarker in Circumstance of Desighans of Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SPURGON, JIM SPURGEON, JIM

Address: 12 N BEACH RD Address: 12 N BEACH RD City-St-Zip: HOBE SOUND, FL 33455

Title: T () Delete Title: () Change () Addition

Title: T () Delete Title: () Change () Addition
Name: HOTCHKISS, WIN Name:
Address: 154 S BFACH RD Address:

Address: 154 S BEACH RD Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition Name: MAHONEY, JEAN B Name: MAHONEY, JEAN B

 Name:
 MAHONEY, JEAN B
 Name:
 MAHONEY, JEAN B

 Address:
 102 PALMETTO TRAIL
 Address:
 57 N. BEACH ROAD

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 HOBE SOUND, FL 33455

Title: VP () Delete Title: () Change () Addition

 Name:
 PIDOT, JEANNE
 Name:

 Address:
 25 GOMEZ RD
 Address:

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIN HOTCHKISS T 02/25/2009