

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722165** (8)

1. Corporation Name

JUPITER-TEQUESTA-HOBE SOUND ASSOCIATION OF REALTORS, INC.

500001758375
-03/26/96--01153--000 019
***61.25



Principal Place of Business

Mailing Address

810 SATURN ST STES 19-20
JUPITER FL 33477

810 SATURN ST STES 19-20
JUPITER FL 33477

3. Date Incorporated or Qualified
11/29/1971

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1804759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAGLE, GARY J ESQ
11000 PROSPERITY FARMS RD.
PALM BCH. GARDENS FL 31148**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EV	<input type="checkbox"/> DELETE
NAME	BARTLETT, JOYCE	
STREET ADDRESS	810 SATURN #20	
CITY-ST-ZIP	JUPITER FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JOAN R	
STREET ADDRESS	1000 E. INDIANTOWN RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPE	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, WILLIAM	
STREET ADDRESS	101 BRIDGE RD	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DOOLEY, MICHAEL	
STREET ADDRESS	11960 SE FEDERAL HWY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COVERT, LYNNE	
STREET ADDRESS	2151 ALT A1A, S	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COVERT, LYNNE	
STREET ADDRESS	2151 ALT A1A S	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joyce E. Bartlett	
1.3 STREET ADDRESS	810 Saturn St, #19-20	
1.4 CITY-ST-ZIP	Jupiter, FL 33477	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William R. Ross	
2.3 STREET ADDRESS	101 Bridge Rd.	
2.4 CITY-ST-ZIP	Tequesta, FL 33469	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lynne Covert	
3.3 STREET ADDRESS	2151 S. Alt. A1A	
3.4 CITY-ST-ZIP	Jupiter, FL 33477	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Anita K. McKernan	
4.3 STREET ADDRESS	2151 S. Alt. A1A	
4.4 CITY-ST-ZIP	Jupiter, FL 33477	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bruce T. Burlingame	
5.3 STREET ADDRESS	337 E. Indiantown Rd	
5.4 CITY-ST-ZIP	Jupiter, FL 33477	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	William J. Grafe	
6.3 STREET ADDRESS	120 N. US Hwy 1	
6.4 CITY-ST-ZIP	Tequesta, FL 33469	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joyce E. Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joyce E. Bartlett, Executive Officer

1-17-96

407-746-2707

Date

Daytime Phone #

CR2E037 (12/95)