


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 REALT
ORS, INC.**

Principal Place of Business

**810 SATURN ST STES 19-20
JUPITER FL 33477**

Mailing Address

**810 SATURN ST STES 19-20
JUPITER FL 33477**



3. Date Incorporated or Qualified

11/29/1971

4. FEI Number

59-1804759

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAGLE, GARY J ESO
14255 US HIGHWAY 1
223
JUNA BCH FL 33408**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BARTLETT, JOYCE
STREET ADDRESS	810 SATURN #19-20
CITY-ST-ZIP	JUPITER FL 33477

TITLE	D <input type="checkbox"/> DELETE
NAME	CIRASYOLO, SUSAN
STREET ADDRESS	11960 SE FEDERAL HWY
CITY-ST-ZIP	HOBE SOUND FL

TITLE	D <input type="checkbox"/> DELETE
NAME	COVERT, LYNNE
STREET ADDRESS	2151 S. ALT. A1A
CITY-ST-ZIP	JUPITER FL 33477

TITLE	D <input type="checkbox"/> DELETE
NAME	SILBERGOUYD, JOY
STREET ADDRESS	337 E INDIANTOWN RD
CITY-ST-ZIP	JUPITER FL

TITLE	D <input type="checkbox"/> DELETE
NAME	BURLINGAME, BRUCE T
STREET ADDRESS	337 E. INDIANTOWN RD
CITY-ST-ZIP	JUPITER FL 33477

TITLE	D <input type="checkbox"/> DELETE
NAME	GRAFE, WILLIAM H
STREET ADDRESS	120 N. US HWY 1
CITY-ST-ZIP	TEQUESTA FL 33469

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 Bartlett *1/21/98* *561/746-2707*

CR2E037 (10/97)