NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCU	MENT #722165	,	<u>, , , , , , , , , , , , , , , , , , , </u>		05-28-2002 91748	015 ****61.25		
Jupit	er-Tequesta-Hobi	eSound Assoc	. of Realton	15				
	DO NOT WRITE		i e					
	Place of Business	3. Mailing Address	- 67					
810 SATURA St. 810 Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.	urn St.		DO NOT WRITE IN THIS SPA	ACE		
19-2		19-20		A FEIN				
		City & State	Jupiter, FL		4. FEI Number Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta		3.75 Additional		
3347	1 USA	- 35911	USA	7. Name and Addres	ss of Current Registered A	e Required gent		
:	DO NOT WE		Street Address	reet Address (P.O. Box Number's Not Acceptable) 14255 US HISHWAY The 223				
8. The above	named entity submits this statement for the stat		egistered office or registe Pegistered Agent signature requin		DATE	, .		
, , , , , , , , , , , , , , , , , , ,	FEE IS \$61.25 Initial or Amended UBR	. 9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	Make Check F Department	I		
10.	OFFICERS AND DIRE	CTORS	1 21715					
TITLE NAME	M Theresa Mallette		TITLE NAME			CR2E037B (12/01)		
STREET ADDRESS			STREET ADDRESS			98		
CITY-ST-ZIP	Oublick AF 22411		CITY-ST-ZIP			E3		
TITLE NAME			TITLE NAME		•	[2]		
STREET ADDRESS	9260 W. Indiantown Rd	, # 9	STREET ADDRESS			١		
CITY-ST-ZIP	Jupiter FL 33478		CITY-ST-2IP					
TITLE	TITLE VP		TITLE					
NAME STREET ADDRESS	- I was a second of the second		NAME STREET ADDRESS					
CITY-ST-ZIP	Tequesta FL 33469		CITY-ST-ZIP	DO NOT WRITE				
TITLE -	7		TITLE	INI T	HIS SPACE			
NAME	MARKY LAWRENCE DY	744	NAME	I WII	IIIO OFAU	-		
STREET ADDRESS	P340 M. ING. BUTOWN SQ		STREET ADDRESS CITY:: ST-ZIP	,				
CITY-ST-ZIP	Jupitur, FL 33458							
TITLE NAME	Sh whe About		TITLE · · · · · · · · · · · · · · · · · · ·			1		
STREET ADDRESS	CG1 INDIANONUL Kg. I	£ 5 8	STREET-ADDRESS					
CITY-ST-ZIP	Jupiter FL 33458		CITY-ST-ZIP		<u>.</u>			
TITLE	ر م <u> </u>		, TITLE					
NAME ETREET ADDRESS	NANCY CARDONS		'NAME Street address					
STREET ADDRESS CITY-ST-21P	2151 ALT. AIN #400		CITY-ST-ZIP					
	certify that the information supplied with the	nis filing does not qualify for th	<u> </u>	Section 119.07(3)(i), Flai	rida Statutes. I further certify	that the information		
indicated	on this report or supplemental report is to	rue and accurate and that my	signature shall have the	e same legal effect as if	made under oath; that I am	an officer or director		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment DOCUMENT # / 22/68 1. Entity Name DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees Initial or Amended UBR OFFICERS AND DIRECTORS 10. CR2E037B (12/01 TITLE TITLE NAME KARIN Bell 245 Sunrise Ave STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Palm Beach, FL 33480 CITY, ST. 7IP TITLE Thomas Blythe
129 center St. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP JUDITUR FL 33458 TITLE Jeannette Bliss NAME NAME STREET ADDRESS 1700 M2 HIDYMAY 1 DO NOT WRITE STREET ADDRESS CITY-ST-ZIP NORTH PAIM BEACH FL 33408 CITY-ST-ZIP TITLE IN THIS SPACE NAME. ushia Johnson NAME 2139 So. US HIGHLAY 1 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP Jupiter FL 33477 TITLE DILE NAME NAME CARI RIZZLITO STREET ADDRESS STREET ADDRESS Jupiter FL 334 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME Pat Robinette STREET ADDRESS STREET ADDRESS 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If 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 on an attachment with an address, with all other like empowered.

Daytime Phone #

Date

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pg 3 of 3 Attachment

Daylime Phone #

DOCU 1. Entity Nam	MENT # 722	165				Lace III			
	DO NOT WRITE	IN THIS	SPACI						
2. Principal P	2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SI	PACE			
City & State		City & State		4. FEI Number		Applied For			
Zip Country		Zip	Zip Country		Not Applicable 5. Certificate of Status Desired \$8.75 Additional				
	•					tus Desired	ee Required		
				Name					
-	DO NOT W	RITE	F	Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SF	PACE	-						
				City FL Zip Code					
8. The above	named entity submits this statement for	or the purpose of chang	jing its registered	office or regis	tered agent, or both, in t	he state of Florida.			
4)									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered A	igent signature requ	ired when reinstating)	DATE			
FEE IS \$61.25 9. Election Campain Initial or Amended UBR Trust Fund Contr			on Campaign Fin Fund Contribution						
10.	OFFICERS AND DI	RECTORS					·		
TITLE	D		TITLE		•		2003		
NAME STREET ADDRESS			NAME STREET	ADDRESS			(C)(C)		
CITY - ST - ZIP	Jupiter FL 33477		CITY-S	T- ZIP					
TITLE NAME	D Judith Wilcox		TITLE NAME	ľ					
STREET ADDRESS	1150 SO. US HISHWAY 1 #	: 101		ADDRESS			j		
CITY-ST-ZIP TITLE	Jupyter Er 33417		CITY-S TITLE	1- ZIP		.20 40 .			
NAME			NAME						
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TITLE			TITLE		IN T	HIS SPAC	E		
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CITY-ST-ZIP			CITY-S						
TITLE	`	<u> </u>	TITLE						
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TITLE NAME			TITLE NAME	}					
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S						
indicated of the co	certify that the information supplied with I on this report or supplemental report i portion or the receiver or trustee em ant with an address, with all other like ei	s true and accurate and powered to execute this	t that my cionatus	o chall have th	ie same legal effect as it	made under oath, that I ar	n an officer of difector - L		