2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2001 8:00 am s Secretary of State DOCUMENT # 755250 1. Entity Name PROPERTY OWNERS' ASSOCIATION OF JUPITER INLET CO 04-02-2001 90092 033 ****61.25 Principal Place of Business Mailing Address 28 OCEAN DRIVE 28 OCEAN DRIVE JUPITER INLET COLONY FL 33469 JUPITER INLET COLONY FL 33469 D0030168 2. Principal Place of Business 3. Mailing Address 35 Ocean Da 35° oceen in Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2436982 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Dr. Rusell Bourne Street Address (P.O. Box Number is Not Acceptable) MINER, DIANA M ocean 28 OCEAN DRIVE JUPITER INLET COLONY FL 33469 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 DATIONEN BOURNE, Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete V D Change Addition TITLE TITLE TD Bruno Moske NAME NAME MINER, DIANA M STREET ADDRESS 224 Shelter Lane STREET ADDRESS 28 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP JUPITER INLET COLONY FL 33469 ☐ Change Addition TITI F Delete TITLE SD Russell Toware, Phb NAME HANSON, WENDY NAME STREET ADDRESS STREET ADDRESS 148 BEACON LANE Colon, F1 33469 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 **∏** Addition PD ☐ Delete TITLE SIANI, TRACE NAME NAME 106 LightHopse Drive STREET ADDRESS STREET ADDRESS 79 LIGHTHOUSE DRIVE CITY-ST-ZIP CITY-ST-ZIP Jupiter inlet col FL 33469 ☐ Change Addition Delete TITLE NAME DINO BACCHLON 109 light House Da Turit a Talet Colon, Fl 33469 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.