





2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90025 032 ****70.00

DOCUMENT # 755250 1. Entity Name PROPERTY OWNERS' ASSOCIATION OF JUPITER INLET COLONY INC.					
Principal Place of Business 35 OCEAN DRIVE JUPITER INLET COLONY, FL 33469 US				Mailing Address 35 OCEAN DRIVE JUPITER INLET COLONY, FL 33469 US	
2. Principal Place of Business 161 Beacon Lane Suite, Apt. #, etc.		3. Mailing Address 161 Beacon Lane Suite, Apt. #, etc.		 02082005 Chg-NP CR2E037 (10/03)	
City & State Jupiter Inlet Colony, FL		City & State Jupiter Inlet Colony, FL			
Zip 33469		Zip 33469			
Country USA		Country USA		4. FEI Number 59-2436982	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOURNE, RUSSELL DR. 35 OCEAN DRIVE JUPITER INLET COLONY, FL 33469				7. Name and Address of New Registered Agent Name Grunke, Susan L. Street Address (P.O. Box Number is Not Acceptable) 161 Beacon Lane City Jupiter FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  POA, President 3/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PONTO, JANE <input type="checkbox"/> Delete 113 LIGHTHOUSE DR JUPITER INLET COLONY, FL 33469			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, MICHELE <input checked="" type="checkbox"/> Delete 243 OCEAN DR JUPITER, FL 33469			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeanne Mahony <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 Colony Road Jupiter, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOURNE, PHD, RUSSELL <input checked="" type="checkbox"/> Delete 35 OCEAN DR JUPITER INLET COLONY, FL 33469			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Susan Grunke <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 161 Beacon Lane Jupiter, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWNSON, DINO <input type="checkbox"/> Delete 572 N CYPRESS DR JUPITER INLET COLONY, FL 33469			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joan Sommerville <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 118 Lighthouse Drive Jupiter Inlet Colony, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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.					
SIGNATURE:  Joan C. Sommerville (Treasurer) 3/21/05 (561) 744-7613 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					