

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90011 040 ****70.00

DOCUMENT # 755250					
1. Entity Name PROPERTY OWNERS' ASSOCIATION OF JUPITER INLET COLONY INC.					
Principal Place of Business 161 BEACON LANE JUPITER INLET COLONY, FL 33469 US			Mailing Address 161 BEACON LANE JUPITER INLET COLONY, FL 33469 US		
2. Principal Place of Business 151 Beacon Lane Suite, Apt. #, etc.		3. Mailing Address 151 Beacon Lane Suite, Apt. #, etc.			
City & State Jupiter Inlet Colony, FL		City & State Jupiter Inlet Colony, FL		4. FEI Number 59-2436982	
Zip 33469		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRUNKE, SUSAN L 161 BEACON LANE JUPITER INLET COLONY, FL 33469			7. Name and Address of New Registered Agent Name: Valerie Skinner Street Address (P.O. Box Number is Not Acceptable): 151 Beacon Lane City: Jupiter Inlet Colony, 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$61.25 Due by May 1, 2006		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 VP NAME PONTO, JANE STREET ADDRESS 113 LIGHTHOUSE DR CITY-ST-ZIP JUPITER INLET COLONY, FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MAHONY, JEANNE STREET ADDRESS 200 COLONY ROAD CITY-ST-ZIP JUPITER, FL 33469	<input type="checkbox"/> Delete		TITLE Catherine Baruch NAME 178 Beacon Lane STREET ADDRESS Jupiter, FL 33469 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME GRUNKE, SUSAN STREET ADDRESS 161 BEACON LANE CITY-ST-ZIP JUPITER INLET COLONY, FL 33469	<input type="checkbox"/> Delete		TITLE PD Valerie Skinner NAME 151 Beacon Lane STREET ADDRESS Jupiter, FL 33469 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SOMMERVILLE, JOAN STREET ADDRESS 118 LGHTHOUSE DRIVE CITY-ST-ZIP JUPITER INLET COLONY, FL 33469	<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	
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 exemptions contained in Chapter 119, 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:			Date: 3/5/06 Daytime Phone #: (561) 744-7613		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					