

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90066 004 \*\*\*\*61.25

20013431



01052005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 762341</b>					
1. Entity Name <b>THE PASSAGES OF JUPITER ISLAND CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>19750 BEACH ROAD TEQUESTA, FL 33469</b>			Mailing Address <b>19750 BEACH ROAD TEQUESTA, FL 33469</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2292749</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MAZZIOTTA, JOEL 5452 SE 50TH DR. STUART, FL 33497</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 <u>NO CHANGES</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOKSON, DAVID		NAME		
STREET ADDRESS	19750 BEACH ROAD 206		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEST, BILL		NAME		
STREET ADDRESS	19750 BEACH RD 201		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRIGHT, MARY		NAME		
STREET ADDRESS	19750 BEACH ROAD PH-3		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELIAS, REA		NAME		
STREET ADDRESS	19750 BEACH RD # 502		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAUTSCHOLD, J		NAME		
STREET ADDRESS	19750 BEACH RD # L1		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33409		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>David A Cookson</u>			Date <u>2/15/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		