


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90007 043 ****61.25

DOCUMENT # 762341 1. Entity Name THE PASSAGES OF JUPITER ISLAND CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 19750 BEACH ROAD TEQUESTA, FL 33469	Mailing Address 19750 BEACH ROAD TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2292749	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 MAZZIOTTA, JOEL 5452 SE 50TH DR. STUART, FL 33497
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IN THIS SPACE**

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: <i>Joel Mazzotta</i> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>	<i>Blg Mgr</i> <small>(NOTE: Registered Agent signature required when reinstating.)</small>
	1-25-06 <small>DATE</small>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COOKSON, DAVID 19750 BEACH ROAD 206 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEST, BILL 19750 BEACH RD 201 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, MARY 19750 BEACH ROAD PH-3 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, REA 19750 BEACH RD # 502 TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAUTSCHOLD, J 19750 BEACH RD # L1 TEQUISTA, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>David Cookson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/26/06 <small>Date</small>
	<small>Daytime Phone #</small>