2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# 762341

Entity Name: THE PASSAGES OF JUPITER ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19750 BEACH ROAD
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

19750 BEACH ROAD
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 59-2292749 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAZZIOTTA, JOEL
5452 SE 50TH DR.
STUART, FL 33497 US

Name and Address of New Registered Agent:

BODEN, SHAWN
19750 BEACH ROAD
JUPITER, FL 33469 US

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: SHAWN BODEN 10/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: COOKSON, DAVID
Address: 19750 BEACH ROAD 206
City-St-Zip: TEQUESTA, FL

Title: D ( ) Delete
Name: LUNSON, PAT
Address: 19750 BEACH RD #PH2
City-St-Zip: TEQUESTA, FL 33469

Title: VD ( ) Delete
Name: GALLO, VINCE
Address: 19750 BEACH RD #604
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: ELIAS, REA
Address: 19750 BEACH RD # 502
City-St-Zip: TEQUESTA, FL

Title: S ( ) Delete
Name: TRAUTSCHOLD, J
Address: 19750 BEACH RD # L1
City-St-Zip: TEQUISTA, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COOKSON T 10/12/2009
Electronic Signature of Signing Officer or Director Date