2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 768236

Entity Name: THE JUPITER BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1930 COMMERCE LANE
STE #1
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1930 COMMERCE LANE
STE #1
JUPITER, FL 33458

New Mailing Address:

FEI Number: 59-2174111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGLIS, STEVEN
1930 COMMERCE LANE
STE 1
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: GANDOLFO, JOHN
Address: 4161 S US HWY ONE N-3
City-St-Zip: JUPITER, FL 33477

Title: P ( ) Delete
Name: VALENTINE, STEVEN
Address: 4161 S US HWY ONE N4
City-St-Zip: JUPITER, FL 33477

Title: VP ( ) Delete
Name: FINI, FRANK
Address: 4161 S US HWY ONE J3
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete
Name: LENNY, MARK
Address: 4161 S. US HWY ONE AH
City-St-Zip: JUPITER, FL 33477

Title: T ( ) Delete
Name: NAZARE, JOAN
Address: 4161 S US HWY ONE J-4
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: STALEY, MIKE
Address: 4161 S US HWY ONE D2
City-St-Zip: JUPITER, FL 33477

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: S (X) Change ( ) Addition
Name: NAZARE, JOAN
Address: 4161 S US HWY ONE J-4
City-St-Zip: JUPITER, FL 33477

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: BONNY MORGAN LCAM 03/02/2009

Electronic Signature of Signing Officer or Director — Date