

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:34

DOCUMENT # F06225 (9)

1. Corporation Name

THE PASSAGES OF JUPITER ISLAND, INC.

Principal Place of Business

C/O HAAS, DIAZ & CO.
W. PALM BEACH FL 33406

Mailing Address

C/O HAAS, DIAZ & CO.
1601 BELVEDERE RD.
W. PALM BEACH FL 33406
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/19/1980	3a. Date of Last Report 03/02/1994
4. FEI Number 59-2068875	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

DIAZ, DEBORAH A.
1601 BELVEDERE ROAD
SUITE 200 EAST
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DIAZ, DEBORAH A.
STREET ADDRESS	1601 BELVEDERE RD., SUITE 200
CITY-ST-ZIP	W. PALM BCH. FL 33406
TITLE	P
NAME	DIAZ, DEBORAH A.
STREET ADDRESS	1601 BELVEDERE RD., SUITE 200
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	ST
NAME	DIAZ, DEBORAH A.
STREET ADDRESS	1601 BELVEDERE RD STE. 200
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Deborah A. Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95

Date

(Signature) (Typed Name)