

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Seal of the State of Florida
DIVISION OF REVENUE
06 OCT 25 AM 9:44

DOCUMENT # N01000002845

1. Entity Name
JUPITER ISLAND CLUB, INC.



Principal Place of Business
**1 ESTRADA ROAD
HOBE SOUND, FL 33455**

Mailing Address
**BOX 375
HOBE SOUND, FL 33475-A**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09132006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-1100279	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARCUCCI, RONALD R 1 ESTRADA ROAD HOBE SOUND, FL 33455		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOOTHBY, JR, WILLARD S			NAME	PIDOT, WHITNEY D.		
STREET ADDRESS	BOX 375			STREET ADDRESS	BOX 375		
CITY- ST- ZIP	HOBE SOUND, FL 33475			CITY- ST- ZIP	HOBE SOUND, FL 33475		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALLAGHER, ROBERT			NAME	CRISP, PETER O.		
STREET ADDRESS	BOX 375			STREET ADDRESS	BOX 375		
CITY- ST- ZIP	HOBE SOUND, FL 33475			CITY- ST- ZIP	HOBE SOUND, FL 33475		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COXE, ECKLEY B			NAME	TROTMAN, JR., STANLEY S.		
STREET ADDRESS	BOX 375			STREET ADDRESS	BOX 375		
CITY- ST- ZIP	HOBE SOUND, FL 33475			CITY- ST- ZIP	HOBE SOUND, FL 33475		
TITLE	VPT	<input checked="" type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, C BARROWS			NAME	VAUGHAN, JOHN B.		
STREET ADDRESS	BOX 375			STREET ADDRESS	BOX 375		
CITY- ST- ZIP	HOBE SOUND, FL 33475			CITY- ST- ZIP	HOBE SOUND, FL 33475		
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCUCCI, RONALD R			NAME			
STREET ADDRESS	BOX 375			STREET ADDRESS			
CITY- ST- ZIP	HOBE SOUND, FL 33475			CITY- ST- ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SQUIRES, DEBORAH			NAME			
STREET ADDRESS	BOX 375			STREET ADDRESS			
CITY- ST- ZIP	HOBE SOUND, FL 33475			CITY- ST- ZIP			

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: _____ **10/9/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #