2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N01000002845

Entity Name: JUPITER ISLAND CLUB, INC.

Current Principal Place of Business:

1 ESTRADA ROAD
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

BOX 375
HOBE SOUND, FL 33475\

New Mailing Address:

BOX 375
HOBE SOUND, FL 33475

FEI Number: 65-1100279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCUCCI, RONALD R
1 ESTRADA ROAD
HOBE SOUND, FL 33455 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:	P	( ) Delete
Name:	PIDOT, WHITNEY D	
Address:	BOX 375	
City-St-Zip:	HOBE SOUND, FL 33475	
Title:	AS	( ) Delete
Name:	GALLAGHER, ROBERT	
Address:	BOX 375	
City-St-Zip:	HOBE SOUND, FL 33475	
Title:	T	( ) Delete
Name:	CRISP, PETER O	
Address:	BOX 375	
City-St-Zip:	HOBE SOUND, FL 33475	
Title:	S	( ) Delete
Name:	TROTMAN, STANLEY S JR	
Address:	BOX 375	
City-St-Zip:	HOBE SOUND, FL 33475	
Title:	AT	( ) Delete
Name:	MARCUCCI, RONALD R	
Address:	BOX 375	
City-St-Zip:	HOBE SOUND, FL 33475	
Title:	AS	( ) Delete
Name:	SQUIRES, DEBORAH	
Address:	BOX 375	
City-St-Zip:	HOBE SOUND, FL 33475	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD R MARCUCCI AT 04/10/2007

Electronic Signature of Signing Officer or Director — Date