

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002845

FILED
May 07, 2008
Secretary of State

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:

FEI Number: 65-1100279 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:

Name and Address of New Registered Agent:

MARCUCCI, RONALD R
1 ESTRADA ROAD
HOBE SOUND, FL 33455 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: _____

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 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

05/07/2008

Electronic Signature of Signing Officer or Director

Date