

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90157 049 \*\*\*\*61.25

**DOCUMENT # N02000001795**

1. Entity Name  
**THE POINTE AT JUPITER YACHT CLUB CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**340 U.S. HIGHWAY ONE  
JUPITER, FL 33477**

Mailing Address  
**C/O BRISTOL MGMT  
1930 COMMERCE LANE STE 1  
JUPITER, FL 33458**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**03-0427923**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**INGLIS, STEVE  
1930 COMMERCE LANE SUITE 1  
JUPITER, FL 33458**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MONTY, LARRY	
STREET ADDRESS	340 S. US HWY 1 #304	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPEECE, BILL DR	
STREET ADDRESS	340 S. US HWY 1 #105	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRIEGER, TOM	
STREET ADDRESS	340 S. US HWY 1 #302	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STRULOWITZ, STEVE	
STREET ADDRESS	340 S. US HWY 1 #207	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SASSO, ED	
STREET ADDRESS	340 S US HWY 1 #607	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BILL SPEECE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	340 S. US HWY #1 #105	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	HAL KATZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	340 S. US HWY #1 #607	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	RICHARD MIRANDE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	340 S. US HWY #1 #501	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TOM KRIEGER**

Date

Daytime Phone #

**4/28/06**