
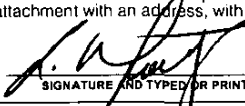


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90126 009 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0427923	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INGLIS, STEVE 1930 COMMERCE LANE SUITE I JUPITER, FL 33458				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME SPEECE, BILL STREET ADDRESS 340 S US HWY 1 105 CITY-ST-ZIP JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete		TITLE PD NAME LARRY MONTY STREET ADDRESS 340 S US HWY #1 #304 CITY-ST-ZIP JUPITER, FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SPEECE, BILL DR STREET ADDRESS 340 S. US HWY 1 #105 CITY-ST-ZIP JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME KRIEGER, TOM STREET ADDRESS 340 S. US HWY 1 #302 CITY-ST-ZIP JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DD NAME MIRANDE, RICHARD STREET ADDRESS 340 S US HWY 1 501 CITY-ST-ZIP JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SASSO, ED STREET ADDRESS 340 S US HWY 1 #607 CITY-ST-ZIP JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE D NAME ED SASSO STREET ADDRESS 340 S US HWY #1 #607 CITY-ST-ZIP JUPITER, FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME KATZ, HAL STREET ADDRESS 340 S US HWY 1 607 CITY-ST-ZIP JUPITER, FL 33477	<input type="checkbox"/> Delete		TITLE D NAME JACQUELINE SNELL STREET ADDRESS 340 US HWY #1 #408 CITY-ST-ZIP JUP FL 33477	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:  L. MONTY PRES. JULY 10/07 561-707-0329 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					