

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N03791

OCEAN AT THE JUPITER BLUFFS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

101 OCEAN BLUFFS BLVD.

SAME

JUPITER, FL 33477-7357013

6-20-84

3. Date Incorporated or Qualified

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2431312

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Frank M. EICHTER
14255 U.S. Hwy #1 STE # 285
Juno Beach, FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME PRESIDENT, DIRECTOR

STREET ADDRESS CINDY GOEGLERMAN

CITY-ST-ZIP 126 SEASHORE DR. JUPITER FL 33477

TITLE DELETE

NAME TREASURY DIRECTOR

STREET ADDRESS VICTOR BARCOTI

CITY-ST-ZIP 401 OCEAN BLUFFS BLD. # 402 JUPITER FL 33477

TITLE DELETE

NAME SECRETARY, DIRECTOR

STREET ADDRESS CHARLES WEBSTER

CITY-ST-ZIP 201 OCEAN BLUFFS BLD. # 406 JUPITER FL 33477

TITLE DELETE

NAME VICE PRESIDENT, DIRECTOR

STREET ADDRESS JENNY GALBLUM

CITY-ST-ZIP 301 OCEAN BLUFFS BLD. # 503 JUPITER FL 33477

TITLE DELETE

NAME DIRECTOR

STREET ADDRESS HAROLD LEVINE

CITY-ST-ZIP 201 OCEAN BLUFFS BLD. # 401 JUPITER FL 33477

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy Gogelman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96
Date

Daytime Phone #

CP2E037 (12/95)