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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N03791 (3)

1. Corporation Name  
THE OCEAN AT THE JUPITER BLUFFS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
101 OCEAN BLUFFS BLVD., SUITE #100 JUPITER FL 33477  
101 OCEAN BLUFFS BLVD., SUITE #100 JUPITER FL 33477-7345

3. Date Incorporated or Qualified 06/20/1984  
3a. Date of Last Report 07/03/1996

|    |                                |                     |   |   |
|----|--------------------------------|---------------------|---|---|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For   |
|    | Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 59-2431312  | Not Applicable  |
| 22 | City & State                   | City & State        | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
|    | Zip                            | Country             |   |   |
| 23 | 2. Principal Place of Business | 2a. Mailing Address | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
|    | Suite, Apt. #, etc.            | Suite, Apt. #, etc. |   |   |
| 24 | City & State                   | City & State        | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|    | Zip                            | Country             |   |   |

|   |  |   |                              |
|---|--|---|------------------------------|
| 9. Name and Address of Current Registered Agent                       |  | 10. Name and Address of New Registered Agent          |                              |
| RICHTER, FRANK M.<br>14255 US HWY 1, SUITE 285<br>JUNO BEACH FL 33408 |  | 81 Name   | Inglis Steve                 |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) | 116 Sandpiper Cir            |
|   |  | 83  |                              |
|   |  | 84 City   | Jupiter FL 85 Zip Code 33477 |

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 Steve Inglis DATE 4-28-97

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------|---|--|
| TITLE                      | PD                          | 1.1 TITLE   | PRESIDENT / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME                       | GOEGELMAN, CINDY            | 1.2 NAME  | BILL CURRIS  |
| STREET ADDRESS             | 128 SEASHORE DR             | 1.3 STREET ADDRESS                                    | 401 Ocean Bluffs Blvd / # 405  |
| CITY-ST-ZIP                | JUPITER FL 33477            | 1.4 CITY-ST-ZIP                                       | JUPITER Florida, 33477   |
| TITLE                      | TD                          | 2.1 TITLE   | VICE PRESIDENT / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| NAME                       | BARBOTTI, VICTORY           | 2.2 NAME  | ROLAND BOGARDUS  |
| STREET ADDRESS             | 401 OCEAN BLUFFS BLVD. 402  | 2.3 STREET ADDRESS                                    | 201 Ocean Bluffs Blvd / # 106  |
| CITY-ST-ZIP                | JUPITER FL 33477            | 2.4 CITY-ST-ZIP                                       | JUPITER, Florida, 33477  |
| TITLE                      | SD                          | 3.1 TITLE   | TREASURER / SECRETARY / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WEBSTER, CHARLES            | 3.2 NAME  | JAMES GODEY, JR.   |
| STREET ADDRESS             | 201 OCEAN BLUFFS BLVD. #406 | 3.3 STREET ADDRESS                                    | 301 Ocean Bluffs Blvd / # 205  |
| CITY-ST-ZIP                | JUPITER FL 33477            | 3.4 CITY-ST-ZIP                                       | JUPITER, Florida, 33477  |
| TITLE                      | VPD                         | 4.1 TITLE   | DIRECTOR / <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | GALBLUM, SENNY              | 4.2 NAME  | JOHN PETAH   |
| STREET ADDRESS             | 301 OCEAN BLUFFS BLVD #503  | 4.3 STREET ADDRESS                                    | 401 Ocean Bluffs Blvd / # 406  |
| CITY-ST-ZIP                | JUPITER FL 33477            | 4.4 CITY-ST-ZIP                                       | JUPITER, Florida, 33477  |
| TITLE                      | D                           | 5.1 TITLE   |  |
| NAME                       | LEVINE, HAROLD              | 5.2 NAME  |  |
| STREET ADDRESS             | 201 OCEAN BLUFFS BLVD 401   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | JUPITER FL 33477            | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                             | 6.1 TITLE   |  |
| NAME                       |                             | 6.2 NAME  |  |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                             | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 amended, or on an attached page with an address.

CR2E037 (9/96)