

FILE NOW: FILING FEE IS \$61.25

FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03791 (3)

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



Principal Place of Business 101 OCEAN BLUFFS BLVD., SUITE #100 JUPITER FL 33477	Mailing Address 101 OCEAN BLUFFS BLVD., SUITE #100 JUPITER FL 33477
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3. Date Incorporated or Qualified
06/20/1984

4. FEI Number 59-2431312	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

~~INGUS, STEVE~~
~~116 SANDPIPER CIR~~
~~JUPITER FL 33477~~

10. Name and Address of New Registered Agent

81 Name Catherine K. Gelston
82 Street Address (P.O. Box Number is Not Acceptable) 707 S. Chillingworth Drive
83
84 City West Palm Beach
85 Zip Code FL 33409

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 Catherine K. Gelston Catherine K. Gelston 4/28/98

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 PD	<input type="checkbox"/> DELETE
NAME BURRIS, BILL	
STREET ADDRESS 401 OCEAN BLUFFS BLVD #405	
CITY-ST-ZIP JUPITER FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME BOGARDUS, ROLAND	
STREET ADDRESS 201 OCEAN BLUFFS BLVD #106	
CITY-ST-ZIP JUPITER FL	
TITLE TSD	<input checked="" type="checkbox"/> DELETE
NAME GODEY, JAMES J	
STREET ADDRESS 301 OCEAN BLUFFS BLVD #205	
CITY-ST-ZIP JUPITER FL	
TITLE D	<input type="checkbox"/> DELETE
NAME PETACH, JOHN	
STREET ADDRESS 401 OCEAN BLUFFS BLVD #406	
CITY-ST-ZIP JUPITER FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BURRIS, BILL	
1.3 STREET ADDRESS 401 OCEAN BLUFFS BLVD # 405	
1.4 CITY-ST-ZIP JUPITER, FL 33477	
2.1 TITLE VPB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PETACH, JOHN	
2.3 STREET ADDRESS 401 OCEAN BLUFFS BLVD #406	
2.4 CITY-ST-ZIP JUPITER, FL 33477	
3.1 TITLE T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME BOGARDUS, ROLAND	
3.3 STREET ADDRESS 201 OCEAN BLUFFS BLVD #106	
3.4 CITY-ST-ZIP JUPITER, FL 33477	
4.1 TITLE S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME JACK GREENE	
4.3 STREET ADDRESS 301 OCEAN BLUFFS BLVD #402	
4.4 CITY-ST-ZIP JUPITER, FL 33477	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME HAROLD LEVINE	
5.3 STREET ADDRESS 201 OCEAN BLUFFS BLVD # 401	
5.4 CITY-ST-ZIP JUPITER, FL 33477	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE: William H. Benson 15-14-98 561-575-2336

CF2E037 (10/97)