2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000678

1. Entity Name



FILED Jan 28, 2005 8:00 am Secretary of State 01-28-2005 90021 015 ****61.25

JUPITER	ISLES COMMUNITY ASSO	CIATION, INC.				
Principal Place 1013 NORTH ROYAL PALM		Mailing Address 1013 NORTH STATE R ROYAL PALM BEACH, F		70000100		
i.						
2. Principal P	lace of Business	3. Mailing Address				
Cuito Ant	Sales - Lagger TTO INO	G.R.S. WANAGEMENT	ASSOCIATES IND		•	
H.S. MANAC	EMENT ASSOCIATES, INC.	3900 WOODLAKE	SLVD. SUITE and	01062005 Chg-NP CR	2E037 (10/03)	
LAKE	PLAKE BLVD, SUITE 309 WORTH, FL 33463	3900 WOODLAKE E	l, FL 38463	4. FEI Number	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 Registe	ered Agent	
PATRICIA	KIMBALL ELETCHER, P.A.		Name	Name		
200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
-	•		City		FL Zip Code	
				Control of Florida		
	named entity submits this statement to tions of registered agent.	r the purpose of changing its	s registered office of register.	ered agent, or both, in the State of Florida.	ram ramiliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent signature requir	red when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	l l	mpaign Financing Contribution.	AAIAA NE	heck payable to epartment of State	
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME	DP DREW, ROBERT	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	1015 NORTH STATE ROAD 7, S	UITE C	STREET ADDRESS	•		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 3341	1	CITY-ST-ZIP			
TITLE	DVP	_ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	GOSSELIN, ANETTE 101 3 NORTH STATE ROAD 7, S	UITE C	NAME STREET ADDRESS	•		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 3341		CITY-ST-ZIP			
TITLE	DST	Delete	TITLE D.	ST _	☐ Change X Addition	
NAME	PACKARD, GARY	NUTE O	NAME M	ARIO INDIVIGLI)	
STREET ADDRESS_ CITY-ST-ZIP	1015,NORTH STATE ROAD 7, S ROYAL PALM BEACH, FL 3341		STREET ADDRESS CITY-ST-ZIP	ARIO INDIVIGLIA DIS-NORTH-STATE) YAL PALM BEACH	Ei 33411	
TITLE		Delete	TITLE	THE PHEN GENERAL	Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		4	
CITY-ST-ZIP	•	□ Delete	TITLE		Change Addition	
TITLE NAME	•	Delete	NAME	•	onesigo notition	
STREET ADDRESS	,		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	
TITLE . NAME		☐ Delete	TITLE	#A.#	Change Addition	
STREET ADDRESS	-		STREET ADDRESS	3	, •	
CITY-ST-ZIP			CITY-ST-ZIP	·	· .	
12. I hereby indicated of the co	on this report or supplemental report is	s true and accurate and that owered to execute this repor	or the exemption stated in to my signature shall have the t as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I furth e same legal effect as if made under oath; i17, Florida Statutes; and that my name app	hat I am an officer or director	