## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2006 8:00 am Secretary of State

							CCICIA		
DOCUMENT # N0400000678  1. Entity Name JUPITER ISLES COMMUNITY ASSOCIATION, INC.							90026 026 ****61		
	MENT ASSOCIATES, INC LAKE BLVD., SUITE 309	Mailing Addre GRS MANAG 3900 WOOD LAKE WORT	ement asso Lake BLVD.	, Suite 309		] 	- 	LIJA BENJE BENJE BENJE SENI JEBER I	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01272006	Chg-NP	CR2E037 (11/05)	
City & State		City & State				4. FEI Numbe APPLIEI		<del>}-  </del>	pplied For lot Applicable
Zip	Country	Zìp		Country		5. Certificate	of Status Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Ager	nt			7. Name and	Address of New	Registered Agent	
PATRICIA KIMBALL FLETCHER, P.A. 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131				Nar		P.O. Box Numbe	er is Not Acceptab	le)	
				City	<del></del>			FL Zip Co	de
	named entity submits this statement for ions of registered agent.	or the purpose of o	changing its r	egistered offi	ice or register	red agent, or bot	h, in the State of F	lorida. I am familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE:	Registered Agent	signature required	d when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make check payable to Added to Fees Florida Department of State				
10.	OFFICERS AND DI	ll			_				
TITLE		RECTORS		11.			ANGES TO OFFIC	ERS AND DIRECTORS I	
NAME	DP ·		Delete	11.		ADDITIONS/CH/	ANGES TO OFFIC	ERS AND DIRECTORS I	N 10
	DREW, ROBERT		Delete	1	150	ADDITIONS/CHA	ANGES TO OFFIC	Change	N 10 Addition
STREET ADDRESS CITY-ST-ZIP	l •		Delete	TITLE	VPT Ca	ADDITIONS/CHA	ANGES TO OFFICE	Change	N 10
CITY-ST-ZIP TITLE NAME	DREW, ROBERT 1013 NORTH STATE ROAD 7, S ROYAL PALM BEACH, FL 3341 DVP GOSSELIN, ANETTE	SUITE C	Delete  Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	10 / PC	ADDITIONS/CH/	Sha	Change	N 10 Addition
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	DREW, ROBERT 1013 NORTH STATE ROAD 7, S ROYAL PALM BEACH, FL 3341 DVP GOSSELIN, ANETTE 1013 NORTH STATE ROAD 7, S ROYAL PALM BEACH, FL 3341 DST INDIVIGLIO, MARIO	SUITE C  1  SUITE C 1	Delate	TITLE NAME STREET ADDR TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	RESS POR	ADDITIONS/CH/	Sha	Change	Addition  Addition
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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 attainment with an address, with all other like empowered.

SIGNATURE:

STUDENT TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

18/06

Daytime Phone ∉