

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

*Due MAY 1, 1996*

DOCUMENT # **N05632** (7)  
1. Corporation Name  
**JUPITER HARBOUR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1000 N. US #1  
P.O. BOX 446  
JUPITER FL 33468-7446**

Mailing Address  
**PO BOX 446  
JUPITER FL 33468-7446  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/12/1984</b>		3a. Date of Last Report <b>04/07/1995</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-2466078</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEVINE, JAY LEVINE &amp; FRANK 3300 PGA BLVD., SUITE 800 PALM BEACH GARDENS FL 33410</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code <b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<b>STANLEY BERNATH</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAD, JOHN	1.2 NAME	<b>1000 N US 2 BA 302</b>
STREET ADDRESS	1000 N US 2 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 46	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, JAMES	2.2 NAME	
STREET ADDRESS	1000 N US 1 #502	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREELMAN, WILLIAM	3.2 NAME	
STREET ADDRESS	1000 NO US 1, BER #501	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<b>GARY BROWN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABAU, ARTHUR	4.2 NAME	<b>1000 N US 2</b>
STREET ADDRESS	100 N US #1 EL 102	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<b>CHARLES FISCHER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHNER, CYNTHIA	5.2 NAME	
STREET ADDRESS	1000 N US 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<b>JERRY DAVIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLIS, JOHN	6.2 NAME	
STREET ADDRESS	100 N. US #1 EL 202	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	<b>JUDY ADSENBUR</b> <input checked="" type="checkbox"/>

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: *Stanley Bernath Pres.* 4/15/96 407 743 0061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)