

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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**

3. Date Incorporated or Qualified

**10/12/1984**

4. FEI Number

**59-2466078**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

10. Name and Address of New Registered Agent

**CUSTOM PROPERTY MANAGEMENT INC.  
50 US HIGHWAY ONE  
SUITE 208  
JUPITER FL 33477**

81

Name

**Custom Property Management, Inc**

82

Street Address (P.O. Box Number is Not Acceptable)

**2328 South Congress Ave STE 21A**

83

**33406**

84

City

**WPB, FL**

**FL**

85 Zip Code

**33406**

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

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/24/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP-SD** ☐ DELETE

NAME **BERNATIA, STANLEY**

STREET ADDRESS **1000 M US 7 BA 302**

CITY-ST-ZIP **JUPITER FL**

TITLE **VP-TD** ☐ DELETE

NAME **LAMBERT, JAMES**

STREET ADDRESS **1000 N US 1 #502**

CITY-ST-ZIP **JUPITER FL**

TITLE **VP-D** ☐ DELETE

NAME **CREELMAN, WILLIAM**

STREET ADDRESS **1000 NO US 1, BER #501**

CITY-ST-ZIP **JUPITER FL**

TITLE **VP-PD** ☐ DELETE

NAME **BROWN, GARY**

STREET ADDRESS **1000 N US 1**

CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ DELETE

NAME **FISCHER, CHARLES**

STREET ADDRESS **1000 N US 1**

CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ DELETE

NAME **DAVIS, JERRY**

STREET ADDRESS **100 N. US #1 EL 202**

CITY-ST-ZIP **JUPITER FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

**Stanley Bernatia**

1

**Antony Leggio**

**2/24/98**

CP2E037 (10/97)