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Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90228 001 ****61.25

DOCUMENT # N05632

1. Corporation Name

Principal Place of Business

JUPITER HARBOUR CONDOMINIUM ASSOCIATION, INC.

1000 N. US #1 P.O. BOX 446 JUPITER FL 33		PO BOX 446 Jupiter Fl 33468-7446 US				
	ace of Business ON US Highway 1	2a. Mailing Address 26 1000 N US Hig	rhway One	3. Date Incorporated or Qual 10/12/1984	lifed	
Suite, Apt		Suite, Apt. #, etc.	· <u>-</u>	4. FEI Number	Α	pplied For
22	, , , , , , , , , , , , , , , , , , ,	27 #766		59-2466078	N	lot Applicable
City & State	e	City & State		5 0 47-4 4 00 1 0 0	ed □ \$8.75	Additional
- '	iter, FL 33477	28 Jupiter, FL	33477	5. Certifcate of Status Desire	Fee F	Required
Zip	Country	Zip	Country	6. Election Campaign Finance	cing _ \$5.00	May Be
33 4	77 25 USA	29 33477 3	O USA	Trust Fund Contribution	Added	to Fees
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of N	ew Registered Agent	
CUSTOM	PROPERTY MANAGEMENT INC		81 Name J 82 Stree	u <u>piter Harbour Condo:</u> t Address (P.O. Box Number is Not Ac	ninium Assoc., ceptable)	Inc.
2328 S CONGRESS AVE SUITE 2A			1	<u>000 N US Highway One</u>	<u>, 4</u> 766	
SUITE 206	•		83			
W PALM E	BEACH FL 33406		84 City		FL 85 Zip	Code
	to the provisions of Sections 617.05 egistered agent, or both, in the State or familiar with, and accept the oblig		, the above-name	upiter, d conporation submits this statement fo poration's board of directors. I hereby a	r the numose of changing if	s registered
SIGNATURE	Kosimerie ban	MIN RO	semarie v	on Zabern. Manager	april 81.	199
SIGNATURE	Signature, typed or printed name of registered ag	ept and title if applicable. (NOTE R		required when reinstating)	MATE /	ODC IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECT	
TITLE	VPD	☐ DELETE	1.1 TITLE	Í	Change	Addition
NAME	LEGGIO, ANTONY		1.2 NAME			
STREET ADDRESS	1000 N US 1		1.3 STREET ADDRES	s		(
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP			Addition
TITLE	ΤD	☐ DELETE	2,1 TITLE	D	Change	, D Addison
NAME	LAMBERT, JAMES		2.2 NAME	Iambert, James		ļ
STREET AODRES 3	1000 N US 1 #502		2.3 STREET ADDRES	S		i
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP		Change	Addition
TITLE	D	₹ DELETE	3.1 TITLE	D	Change	: TXI Addition
NAME	CREELMAN, WILLIAM		. 3.2 NAME	Fischer, Arlene		ì
STREET ADDRES 3	1000 NO US 1, BER #501		3.3 STREET ADDRES	1000 it ob imagimay		
CITY-ST-ZIP	JUPITER FL		3.4. CITY-ST-ZIP	Jupiter, FL 33477		Addition
TITLE	PD	☐ DELETE	4.1 TITLE	_	Change	e
NAME	Brown, Gary		4. 2 NAME			
STREET ADORES 3	1000 N US 1		4.3 STREET ADDRES	s		
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP			TER Addition
TITLE	D	★ DELETE	5.1 TITLE	D	Change	Addition
NAME	FISCHER, CHARLES		5.2 NAME	Ivanko, Edward		Ì
STREET ADDRESS	1000 N US 1		5.3 STREET ADDRES	s 1000 N US Highway	One, AN 402	}
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP	Jupiter, FL 33477		
TITLE	D	☐ DELETE	6.1 TITLE		Change	e 🔲 Addition
NAME	DAVIS, JERRY		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRES	s		
CITY OT 7ID	ILIDITED EL		6.4 CITY-ST-ZIP			

14. Thereby 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u>...</u> $\equiv \frac{1}{2}$