

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90214 038 \*\*\*\*\*61.25

**DOCUMENT # N09321**

1. Entity Name

**JUPITER-MARTIN WATER ASSOCIATES, INC.**



Principal Place of Business

1001 US HIGHWAY, ONE  
SUITE 300  
JUPITER FL 33477  
US

Mailing Address

1001 US HIGHWAY, ONE  
SUITE 300  
JUPITER FL 33477  
US

2. Principal Place of Business

636 U.S. Highway one  
Suite, Apt. #, etc.  
Suite 109

3. Mailing Address

636 U.S. Highway one  
Suite, Apt. #, etc.  
Suite 109

City & State  
North Palm Beach, FL

City & State  
North Palm Beach, FL

Zip  
33408

Country  
USA

Zip  
33408

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2611865**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTFALL, MARION  
2555 P G A BLVD, SUITE 434  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **Marion Westfall**  
Street Address (P.O. Box Number is Not Acceptable)  
**10821 N. Military Trail**  
**#14**  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **WESTFALL, MARION**  
STREET ADDRESS **2555 PGA BLVD, 434**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **D** ☐ Delete  
NAME **SCHAFER, HARRY**  
STREET ADDRESS **17267 GALWAY COURT**  
CITY-ST-ZIP **TEQUESTA FL**

TITLE **D** ☒ Delete  
NAME **WHITTEN, BRADFORD**  
STREET ADDRESS **506 S BEACH ROAD**  
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ Delete  
NAME **Joseph Sedlak**  
STREET ADDRESS **3900 North Ocean Drive**  
CITY-ST-ZIP **Lauderdale by The Sea, 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Marion Westfall**  
STREET ADDRESS **10821 N. Military Trail, #14**  
CITY-ST-ZIP **palm beach gardens, FL 33410**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 attachment with an address, with all other like empowered.

SIGNATURE: **Marion Westfall** REQUIRED **WESTFALL**

**3/27/03 561 848 9222**

CR2E037 (10/02)