2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90005 001 ****61.25

DOCUMENT # N19307

1. Entity Name
JUPITER HARBOUR MARINA OWNERS ASSOCIATION, INC.

40034394

Principal Place of Business	Mailing Address
1000 NORTH US HWY 1 JUPITER, FL 33477	P O BOX 2465 JUPITER, FL 33468

02082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2788644
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, ERIC G
154 SIMS CREEK LN.
JUPITER, FL 33458

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~TD~~ PD
NAME	SILVERS, JEROME
STREET ADDRESS	801 MAPLEWOOD DR, # 14
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	PD
NAME	MEYER, KENNETH Delete
STREET ADDRESS	206 MONTANT DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD
NAME	FISHER, JOHN
STREET ADDRESS	1000 N US HWY 1 - 779
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	TD
NAME	Richard Fecteau
STREET ADDRESS	1000 N. US 1 - 800
CITY-ST-ZIP	Jupiter, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-19-07 5615756090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #