

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37646

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: JUPITER INLET OFFSHORE FISHING CLUB, INC.

**Current Principal Place of Business:**

P O BOX 3088  
TEQUESTA, FL 33469

**New Principal Place of Business:**

175 RIDGE ROAD  
JUPITER, FL 33477

**Current Mailing Address:**

P O BOX 3088  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 65-0187534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERSONS, H. WILLIAM  
175 RIDGE ROAD  
JUPITER, FL 33477      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MILLER, DAN,  
Address: PO BOX 364 (N/A)  
City-St-Zip: JUPITER, FL

Title: TD ( ) Delete  
Name: PERSONS, H. WILLIAM  
Address: 175 RIDGE ROAD  
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete  
Name: BORKOWSKI, MELANIE  
Address: 738 SE SHARON STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: PD ( ) Delete  
Name: GOLDMAN, BILL  
Address: 277 SEABREEZE CIRCLE  
City-St-Zip: JUPITER, FL 33477

Title: DS ( ) Delete  
Name: KOMROWSKI, RON  
Address: 9792 MOCKINGBIRD TRAIL  
City-St-Zip: JUPITER, FL 33478

Title: DVP ( ) Delete  
Name: LAFAVE, SCOTT  
Address: 133 ROCKINGHAM ROAD  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PEPIN, DON  
Address: 6875 CYPRESS COVE CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAFAVE, RYAN  
Address: 133 ROCKINGHAM RD.  
City-St-Zip: JUPITER, FL 33458

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. WILLIAM PERSONS

DT

01/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date