

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00.

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003890 (1)

1. Corporation Name

JUPITER KEY CLUB INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 06/07/1994
4. FEI Number 65-0441001	Applied For ☐ Not Applicable ☐
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

Principal Place of Business		Mailing Address	
340 HIBISCUS ST JUPITER FL 33458		340 HIBISCUS ST JUPITER FL 33458	
2. Principal Place of Business	2a. Mailing Address		
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip		
24. Country	29. Country		

9. Name and Address of Current Registered Agent	
MARIANI, JOHN 11780 US HWY 1 SUITE 300 N PALM BEACH FL 33408	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code
FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or President, Secretary, Treasurer, or Director

Signature of Registered Agent (Signature Required After Incorporation)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	12. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	13. STREET ADDRESS	
		14. CITY, ST, ZIP	
TITLE	NAME	15. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	16. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	17. STREET ADDRESS	
		18. CITY, ST, ZIP	
TITLE	NAME	19. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	20. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	21. STREET ADDRESS	
		22. CITY, ST, ZIP	
TITLE	NAME	23. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	24. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	25. STREET ADDRESS	
		26. CITY, ST, ZIP	
TITLE	NAME	27. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	28. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	29. STREET ADDRESS	
		30. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(k), 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:

Glenn S. Bonalsky
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Glenn S. Bonalsky

4-27-95

407-744-9852