FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:35

DOCUMENT # N94000005366 (9)

1. Corporation Name

CLARIDGE JUPITER ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
19950 BEACH RD
JUPITER FL 33469

Mailing Address
19950 BEACH RD
JUPITER FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report:
4. FEI Number: 65-0533204 — ☐ 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

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

SIMPSON, R. MASON
19950 BEACH RD
JUPITER FL 33469

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______________________ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMPSON, R. MASON
STREET ADDRESS	19950 BEACH RD
CITY ST ZIP	JUPITER FL 33469
TITLE	VD
NAME	WALSH, JANET E
STREET ADDRESS	19950 BEACH RD
CITY ST ZIP	JUPITER FL 33469
TITLE	STD
NAME	MACCALLUM, BELINDA J
STREET ADDRESS	19950 BEACH RD
CITY ST ZIP	JUPITER FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	X Change ☐ Addition
1.2 NAME	CERASOLI, ROGER	
1.3 STREET ADDRESS	19950 BEACH RD	
1.4 CITY ST ZIP	JUPITER, FL 33469	
2.1 TITLE	PD	☐ Change ☐ Addition
2.2 NAME	SIMPSON, MASON	
2.3 STREET ADDRESS	19950 BEACH RD	
2.4 CITY ST ZIP	JUPITER, FL, 33469	
3.1 TITLE	STD	X Change ☐ Addition
3.2 NAME	SCOTT, THOMAS	
3.3 STREET ADDRESS	425 BEACH RD	
3.4 CITY ST ZIP	TEQUESTA, FL 33469	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 Section 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: M [signature], Pres — 4.6.95 — 407-745-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051331