

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

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005366 (9)**  
 1. Corporation Name  
**CLARIDGE JUPITER ISLAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>19950 BEACH RD JUPITER FL 33469</b>	Mailing Address <b>19950 BEACH RD JUPITER FL 33469</b>
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3. Date Incorporated or Qualified <b>10/27/1994</b>	
4. FEI Number <b>65-0533204</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**RICHARD LEE FLORA MANAGER**  
**19950 BEACH RD**  
**TEQUESTA FL 33469**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CERASOLI, ROGER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19950 BEACH RD 5	1.2 NAME	
STREET ADDRESS	TEQUESTA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GORDON, JOHN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19950 BEACH RD 85	2.2 NAME	
STREET ADDRESS	TEQUESTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD RITA, WILLIAM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19950 BEACH RD 45	3.2 NAME	
STREET ADDRESS	TEQUESTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D JEFFER, HERMAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19950 BEACH RD 8N	4.2 NAME	
STREET ADDRESS	TEQUESTA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CUNNINGHAM, BILL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19950 BEACH RD 95	5.2 NAME	
STREET ADDRESS	TEQUESTA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. 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 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: *[Signature]* 4/10/98 743-7244

CP2E037 (10/97)