2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N94000005512



FILED Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90101 040 ****61.25

1. Entity Nam JUPITER INC.	R BY THE SEA CONDOMIN	NIUM ASSOCIATIO	N,				
1660 SOUTH A1A			Mailing Address 1930 COMMERCE LANE, STE. 1 JUPITER, FL 33458 US		17811 A2111 BBIN GBN1 A6111	. 38:81 EVBI DIISI VISIB VIS	11 23 8 1 3801
2. Principal Place of Business - No P.O. Box # 3. I		3. Mailing Address	s. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CI	R2E037 (12/06)	
City & State		City & State		4. FEI Number 65-053728	4. FEI Number Applied For 65-0537281 Applied For Not Applicate		•
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired [\$8.75 Add Fee Required	litional d
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
INGLIS, STEVE 1930 COMMERCE LANE, STE. 1 JUPITER, FL 33458				Street Address (P.O. Box Number is Not Acceptable)			
			City			Zip Code	
	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age		g its registered office or re		the State of Florida.	FL Zip Code I am familiar with,	and accept
			Campaign Financing and Contribution.	\$5.00 May Be Added to Fees		check payable to Department of St	
10.	OFFICERS AND I		11.	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWEENEY, NANCY 1660 AIA # 341 JUPITER, FL 33477	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICK FRIEDLA 1660 S. AIA Jupiter, FC	4NO #162-	☐ Change	→ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EGAN, CHARLES 1660 AIA # 221 JUPITER, FL 33477	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITT, MEL 1660 AIA # 151 JUPITER, FL 33477	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	MEL WITT 1990 AIA # Jupiter, FO	151 - 33477	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOONER, MIKE 1660 SOUTH A1A JUPITER, FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , ,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition

I nereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SYNING OFFICER OR DIRECTOR

Daytime Phone #