

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N95000002111 (1)**

1. Corporation Name

**JENSEN BEACH MAIN STREET, INC.**



Principal Place of Business

**1920 NE JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957**

Mailing Address

**POST OFFICE BOX 1594  
JENSEN BEACH FL 34958**

3. Date Incorporated or Qualified

**05/03/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 1930 NE JENSEN BEACH BLVD**

**2a. 1930 NE JENSEN BCH BLVD**

4. FEI Number

**45-8580221**

Applied For

Not Applicable

**22 JENSEN BEACH**

**27 JENSEN BEACH, FL**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

**23**

**28**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

**24 34957**

**25 USA**

**29 34957**

**30 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GIRLINGHOUSE, DAVID JUDGE  
1930 NE JENSEN BEACH BLVD.  
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

**81 Name GIRLINGHOUSE, JUDGE DAVID**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D**  
**NAME DE ANGELIS, KEN**  
**STREET ADDRESS 3180 NE MAPLE AVENUE**  
**CITY - ST - ZIP JENSEN BEACH FL 34957**

☐ DELETE

**1.1 TITLE TD**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY - ST - ZIP**

☒ Change ☐ Addition

**TITLE D**  
**NAME GIRLINGHOUSE, DAVID JUDGE**  
**STREET ADDRESS 1930 NE JENSEN BEACH BLVD.**  
**CITY - ST - ZIP JENSEN BEACH FL 34957**

☐ DELETE

**2.1 TITLE PD**  
**2.2 NAME GIRLINGHOUSE, JUDGE DAVID**  
**2.3 STREET ADDRESS**  
**2.4 CITY - ST - ZIP**

☒ Change ☐ Addition

**TITLE D**  
**NAME TRUDEL, ROBERT R**  
**STREET ADDRESS 1897 NE JENSEN BEACH BLVD.**  
**CITY - ST - ZIP JENSEN BEACH FL 34957**

☒ DELETE

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ DELETE

**4.1 TITLE SD**  
**4.2 NAME JERRY PARIS**  
**4.3 STREET ADDRESS 3330 NE INDIAN RIVER DR**  
**4.4 CITY - ST - ZIP JENSEN BEACH, FL 34957**

☐ Change ☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ DELETE

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ DELETE

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-10-96 561-334-8920**

CR2E037 (3/96)