2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005 8:00 am Secretary of State DOCUMENT # N95000004837 1. Entity Name 02-11-2005 90029 028 ****61.25 OCEAN CLUB TOWNHOMES AT JUPITER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address **810 SATURN STREET** 7 S. 251 OLESEN LANE 40016782 NAPERVILLE IL 60540 JUPITER FL 33477 . Mailing Address 2. Principal Place of Business PO. BOX 762 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0288734 East Marion Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 11939 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 810 SATÚRN STREET, #17 JUPITER FL 33477 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5:00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Change Delete P 0 ☐ Addition TITLE TITLE Arthur FriseNda HOFFMAN, CAMILLE O NAME NAME 20. BOX 762 7 S 251 OLESEN LANE STREET ADDRESS STREET ADDRESS NAPERVILLE IL 60540 East Mariow, NY. 11939 CITY-ST-ZIP CITY-ST-7iP Delete TITLE ☐ Addition Ron HENSE-ling AIA -UNIT # 2 BUSACCA, JOSEPH NAME 2050 S A1A #3 2050 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP MORDES, ELAINE Jedy Oliver 2050 AIA - Unit #4 NAME 2050 S A1A #4 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition FONTAINE, HANNO NAME NAME 2050 S A1A #1 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP --_CITY.ST-ZIP_ _ ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED