2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005396

1. Entity Name
THE FRIENDS OF JUPITER BEACH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 791 JUPITER, FL 33468-0791	P.O. BOX 791 JUPITER, FL 33468-0791

01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0625755
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANKLER, ALEXANDER
88 W RIVERSIDE DR
JUPITER, FL 33469

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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.

X SIGNATURE: ALEXANDER LANKLER
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000057845
02/20/04 00005-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANKLER, ALEXANDER
STREET ADDRESS	88 W. RIVERSIDE DR.
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	PST
NAME	TURNER, JOHN
STREET ADDRESS	16586 HAYNIE LANE
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	D
NAME	JONES, GEOFF
STREET ADDRESS	222 MOCCASIN TRAIL NORTH
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	ROSS, JOAN
STREET ADDRESS	237 E. RIVER PARK DR.
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	GIBBONS, LYNNE
STREET ADDRESS	224 LONGSHORE DR.
CITY-ST-ZIP	JUPITER, FL 334582407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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.

X **SIGNATURE:** ALEXANDER LANKLER 1/19/04 561-748-8140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #