

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005407 (9)**

1. Corporation Name

**THE JUPITER BEACH RESORT CONDOMINIUM ASSOCIATION
, INC.**



Principal Place of Business 5 NORTH A1A JUPITER FL 33477		Mailing Address 5 NORTH A1A JUPITER FL 33477-5145	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 10/22/1996		3a. Date of Last Report	
4. FEI Number 65-0737369		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent BOOSE, CASEY, CIKLIN ET AL 515 NO FLAGLER DRIVE 19TH FLOOR TOWER I WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent	
81 Name			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PIROVANO, JOHN A	1.2 NAME	
STREET ADDRESS	551 FIFTH AVENUE STE 1916	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10176	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLEE, PATRICK R	2.2 NAME	
STREET ADDRESS	25 CENTRAL WAY STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, PHILIP A	3.2 NAME	
STREET ADDRESS	25 CENTRAL WAY STE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA 98033	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE _____ DATE **4/17/97**

CR2E037 (9/96)