2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2007 08:00 AM Secretary of State

DOCUMENT # N96000005407

1. Entity Name

THE JUPITER BEACH RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5 NORTH A1A JUPITER, FL 33477

SIGNATURE:

Mailing Address

1000 MARKET STREET BUILDING ONE PORTSMOUTH, NH 03801

US



DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2

CR2E037 (4/06)

	CO 75
65-0737369	Not Applicable
4. FEI Number	Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ. BOOSE, CASEY, CIKLIN, ET AL 515 N. FLAGLER DR. 19TH FLR TOWER WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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					
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financ Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	U00000677187
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD MCMURRAIN, THOMAST 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGER, ANDREW 1001 E. ATLANTIC AVE., SUITE 202 DELRAY BEACH, FL 33483				
NAME STREET ADDRESS CITY-ST-ZIP	STD ADE, RICHARD C 1000 MARKET STREET, BLDG. #1 PORTSMOUTH, NH 03801			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CHY-ST-ZIP					
12. I hereby 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 supplier/field 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 of 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.					

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR