2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004383

1. Entity Name
JUPITER NOSERIDERS, INC.

FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90170 040 ****61.25

JUPITER SQUARE SHOPPING CENTER JUPI 103 US HWY 1, STE. F-5, #150 103			JUPITER 103 US	iiling Address PITER SQUARE SHOPPING CENTER 03 US HWY 1, STE. F-5, #150 PITER, FL 33477							
Principal Place of Business 3. Mai			3. Mailing	ailing Address							
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			03312006	Chg-NP	CR2E03	7 (11/05)	
City & State			City & State				4. FEI Number Applied For 65-0786009 Not Applicable				
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$8.75 Add ee Require			
	6. Name	and Address of Current	Registered A	gent			7. Name and	Address of New F	Registered A	gent	
		•		• •	Ī	Name	•				
KEETON, WILLIAM JUPITER SQUARE SHOPPING CENTER 103 US HWY 1, STE. F-5, #150						Street Address (P.O. Box Number is Not Acceptable)					
JUPITER,			- 01						T =		
						City			FL	Zip Cod	Э
		y submits this statement fo	r the purpose	of changing its re	egistered	d office or regist	tered agent, or bot	h, in the State of Fl	orida. I am f	amiliar with,	and accept
the obligat	ions of regist	tered agent.									
SIGNATURE		or printed name of registered agent	and title if applicat	ole. (NOTE:	Registered /	Agent signature requi	ired when reinstating)		DATE		
, , , , , , , , , , , , , , , , , , ,				9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May B Added to Fees		Make check rida Depart			
10.	 	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CH/	ANGES TO OFFICE	RS AND DIE	ECTORS IN	10
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	1 -	n MARK		C) Délété	NAME					change	Addition
STREET ADDRESS	NAME BRAINARD, MARK STREET ADDRESS 103 UNITED STATES ONE SUITE F-5 #					ADDRESS					
CITY+ST+ZIP	1	FL 33477	E F-3#130		CITY-S						
		, FL 334//			-	11-2.15					
TITLE	D	DAGE		Delete	TITLE					☐ Change	Addition
NAME	STROHL,		C C C 2460		NAME						
STREET ADDRESS CITY-ST-ZIP	1	ED STATES ONE SUIT	E F-5 #150								
CITY-ST-ZIP	JUPITER,	FI 334//				ADDRESS					
TITLE		, , , , , , , , , , , , , , , , , , , ,			CITY-S						
	D			☐ Delete	CITY-S					☐ Change	☐ Addition
NAME	CAMERO	N, MARY E			CITY-S TITLE NAME	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
STREET ADDRESS	CAMERO 103 UNIT	N, MARY E ED STATES ONE SUIT	TE F-5 #150		CITY-S TITLE NAME STREET	T-ZIP				☐ Change	☐ Addition
_	CAMERO 103 UNIT	N, MARY E	°E F-5 #150		CITY-S TITLE NAME	T-ZIP				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	CAMERO 103 UNIT JUPITER, D	IN, MARY E ED STATES ONE SUIT , FL 33477	°E F-5 #150		CITY-S TITLE NAME STREET CITY-S TITLE	T-ZIP				☐ Change	Addition
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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 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:

WHAPLE. CHAPPON 4/19/109/1991/3