

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90013 048 ****61.25

DOCUMENT # N98000002320

1. Entity Name

CARLYLE JUPITER ISLAND CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

19700 BEACH ROAD
JUPITER ISLAND FL 33469
US

Mailing Address

19700 BEACH ROAD
JUPITER ISLAND FL 33469
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0840198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAVES, PATRICIA L
19700 BEACH ROAD *35 3 South*
JUPITER ISLAND FL 33469

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input checked="" type="checkbox"/> Delete
VPD	HODHOOGHI, DR. IRAN	19700 BEACH ROAD 3N	JUPITER	FL	33469	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Delete
DS	GRAVES, PATRICIA	19700 BEACH ROAD, <i>35 3 South</i>	JUPITER ISLAND	FL	33469	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Delete
PD	ARTZT, EDWIN H	19700 BEACH ROAD, <i>11 NORTH</i>	JUPITER ISLAND	FL	33469	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Delete
TD	DELANEY, MICHAEL	19700 BEACH RD 7N	JUPITER ISLAND	FL	33469	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Delete
VPD	TORCIVIA, BENEDICT	19700 BEACH ROAD 6S	JUPITER	FL	33469	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Delete
						<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VPD	SHARON NEWMAN	19700 BEACH RD 2 SOUTH	JUPITER ISLAND	FL	33469	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #