2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002320

FILED Apr 01, 2009 Secretary of State

Entity Name: CARLYLE JUPITER ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	CH ROAD SLAND, FL 33469	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
19700 BEACH ROAD JUPITER ISLAND, FL 33469 US					
El Number:	65-0840198 FEI	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
GRAVES, PATRICIA L 19700 BEACH ROAD 3 SOUTH JUPITER ISLAND, FL 33469 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.					
SIGNATURE: Electronic Signature of Registered Agent			nt	 Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	TD () Delete NEWMAN, SHARON 19700 BEACH RD 2 S JUPITER, FL 33469		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DS () Delete GRAVES, PATRICIA 19700 BEACH RD 3 S JUPITER ISLAND, FL	OUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	PD () Delete ARTZT, EDWIN H 19700 BEACH RD 11 JUPITER ISLAND, FL	NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DVP () Delete SHERMAN, ROBERT I 19700 BEACH ROAD JUPITER, FL 33469	_	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	VPD () Delete TORCIVIA, BENEDICT 19700 BEACH ROAD JUPITER, FL 33469	•	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L GRAVES SEC 04/01/2009