

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164502

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CLARIDGE JUPITER ISLAND REALTY, INC.

## Current Principal Place of Business:

250 TEQUESTA DR STE 200  
TEQUESTA, FL 33469

## New Principal Place of Business:

## Current Mailing Address:

250 TEQUESTA DR STE 200  
TEQUESTA, FL 33469

## New Mailing Address:

FEI Number: 20-4790726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIOFFI, JAMES A  
250 TEQUESTA DRIVE  
#200  
TEQUESTA, FL 33469 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOYLE, EMMETT  
Address: 19950 BCH RD 3S  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: JEFFER, HERMAN  
Address: 19950 BCH RD 8N  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: BAGWELL, SUE  
Address: 19950 2N  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: CUNNINGHAM, WILLIAM  
Address: 19950 PENTHOUSE S  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: CIOFFI, JAMES A  
Address: 250 TEQUESTA DRIVE #200  
City-St-Zip: TEQUESTA, FL 33469 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A CIOFFI

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date