

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000101653

1. Entity Name  
JUPITER BEACH DEVELOPMENT CO., INC.



Principal Place of Business

C/O THE OLD MOUNTAIN COMPANY, INC.  
225 WEST WACKER, SUITE 1500  
CHICAGO, IL 60606

Mailing Address

C/O THE OLD MOUNTAIN COMPANY, INC.  
225 WEST WACKER, SUITE 1500  
CHICAGO, IL 60606 US

FILED

2007 JAN 22 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number  
58-2299224

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

*[Handwritten Signature]*

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FIELD, MARSHALL V
STREET ADDRESS	225 W WACKER DR, SUITE 1500
CITY-ST-ZIP	CHICAGO, IL
TITLE	PD
NAME	PIROVANO, JOHN A
STREET ADDRESS	551 FIFTH AVE, SUITE 1916
CITY-ST-ZIP	NEW YORK, NY
TITLE	S
NAME	SVEC, CHRISTINE
STREET ADDRESS	225 WEST WACKER DRIVE, SUITE 1500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	T
NAME	HAMMOND, TORRENCE K
STREET ADDRESS	225 WEST WACKER DRIVE, SUITE 1500
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DO NOT WRITE  
IN THIS SPACE

B 1/24/07

12. I hereby certify that the information supplied with this filing 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 607, 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:

*Christine Svec*

Christine Svec, Secretary

1/19/07

312-917-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #