

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 804131

**Entity Name:** JUPITER ISLAND HOLDINGS, INC.

**Current Principal Place of Business:**

ONE ESTRADA RD  
HOBE SOUND, FL 33455

**Current Mailing Address:**

ONE ESTRADA RD  
HOBE SOUND, FL 33455 US

**FEI Number:** 59-0292210

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FEIL, MICHAEL R  
ONE ESTRADA ROAD  
HOBE SOUND, FL 33455 US

*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:** MICHAEL R FEIL

04/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCGRAW, W. SCOTT  
Address        ONE ESTRADA RD  
City-State-Zip: HOBE SOUND FL 33455

Title            VP  
Name            TESTA, ADENA W.  
Address        ONE ESTRADA RD  
City-State-Zip: HOBE SOUND FL 33455

Title            SECRETARY  
Name            BELL, RANLET S  
Address        ONE ESTRADA RD  
City-State-Zip: HOBE SOUND FL 33455

Title            ASST. TREASURER  
Name            CONTI, DANIEL N. JR.  
Address        ONE ESTRADA RD  
City-State-Zip: HOBE SOUND FL 33455

Title            ASST. SECRETARY  
Name            FEIL, MICHAEL R  
Address        ONE ESTRADA RD  
City-State-Zip: HOBE SOUND FL 33455

Title            ASST. SECRETARY  
Name            SQUIRES, DEBORAH A.  
Address        ONE ESTRADA RD  
City-State-Zip: HOBE SOUND FL 33455

Title            VP  
Name            KEHAYA, HANNAH F.  
Address        ONE ESTRADA RD  
City-State-Zip: HOBE SOUND FL 33455

Title            TREASURER  
Name            RIEPE, JAMES S.  
Address        ONE ESTRADA RD  
City-State-Zip: HOBE SOUND FL 33455

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL R FEIL

ASST SECRETARY

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date