


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90309 028 \*\*\*\*61.25

**DOCUMENT # 728317**  
1. Entity Name  
**SECTION 33 PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business: **SECTION 33 JUPITER FL US**  
Mailing Address: **13333 182ND COURT N JUPITER FL 33478 US**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **65-0132422**  
Applied For:  Not Applicable:

Zip: Country

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HUNSTON, JANE S  
BERROCAL & WILKINS  
801 MAPLEWOOD DRIVE, STE 22-A  
JUPITER FL 33458**

7. Name and Address of New Registered Agent  
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, 2006**

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: SD NAME: SULLVAN, PAM STREET ADDRESS: 18675 134TH WAY NORTH CITY-ST-ZIP: JUPITER FL 33478	<input type="checkbox"/> Delete
TITLE: PD NAME: MERRIAM, JOANNE STREET ADDRESS: 18053 137TH TRL N CITY-ST-ZIP: JUPITER FL 33478	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: DESMOND, JANET STREET ADDRESS: 18671 137TH TRAIL NORTH CITY-ST-ZIP: JUPITER FL 33478	<input type="checkbox"/> Delete
TITLE: VD NAME: WOLF, IVY STREET ADDRESS: 13950 184TH PLACE N CITY-ST-ZIP: JUPITER FL 33478	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: COPELAND, LOUIS LJ STREET ADDRESS: 18630 134TH WAY N CITY-ST-ZIP: JUPITER FL 33478	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: GRAHAM, TIM STREET ADDRESS: 18255 134TH WAY N CITY-ST-ZIP: JUPITER FL 33478	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P/D NAME: TIMOTHY GRAHAM STREET ADDRESS: 18255 134TH WAY, N. CITY-ST-ZIP: JUPITER, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V/D NAME: JOHN HOPKINS STREET ADDRESS: 18800 137th TRAIL, N. CITY-ST-ZIP: JUPITER, FL 33478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: JUAN CARLOS (JC) PRIMELLES STREET ADDRESS: 18675 138TH WAY, N. CITY-ST-ZIP: JUPITER, FL 33478	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janet R. Desmond Janet R. Desmond 04/27/06 (561)745-7484