

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742255 (3)
1. Corporation Name
JUPITER PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**825 CENTER STREET
P.O. BOX 397
JUPITER FL 33468-0397
US**

Mailing Address
~~825 CENTER STREET~~
**P.O. BOX 397
JUPITER FL 33468**

3. Date Incorporated or Qualified
03/30/1978

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1891960

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

SCHOLER, DOUGALS
~~825 CENTER ST~~
**P O BOX 397
JUPITER FL 33468**

10. Name and Address of New Registered Agent

81. Name
Scholes Douglas

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAMPSON, RONALD	
STREET ADDRESS	825 CENTER ST., #30D	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASSETTA, JOSEPH	
STREET ADDRESS	825 CENTER ST #50C	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPENCER, ADELAIDA	
STREET ADDRESS	825 CENTER ST 36-B	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARDETH, PICKENS	
STREET ADDRESS	825 CENTER ST, #38D	
CITY-ST-ZIP	JUPITER FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	CHESLEY, CHARLES	
STREET ADDRESS	825 CENTER ST #1D	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Douglas Scholes* **Douglas Scholes** ^{11/18/96} ₄₀₇₋₇₄₇₋₀₀₁₆
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)