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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: POST OFFICE BOX 397, JUPITER FL 33468-0397, US

3. Date Incorporated or Qualified: 03/30/1978  
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1891960	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Scholes SCHOLER, DOUGALS POST OFFICE BOX 397 JUPITER FL 33468	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: SAMPSON, RONALD STREET ADDRESS: 825 CENTER ST., #30D CITY-ST-ZIP: JUPITER FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CASSETTA, JOSEPH STREET ADDRESS: 825 CENTER ST #50C CITY-ST-ZIP: JUPITER FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Solar, Clarence 425 Center St #5113 Jupiter FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: SPENCER, ADELAIDA STREET ADDRESS: 825 CENTER ST 36-B CITY-ST-ZIP: JUPITER FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: ARDETH, PICKENS STREET ADDRESS: 825 CENTER ST, #38D CITY-ST-ZIP: JUPITER FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Bernstein, Stephen 825 Center St #35C Jupiter FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ATD NAME: CHESLEY, CHARLES STREET ADDRESS: 825 CENTER ST #1D CITY-ST-ZIP: JUPITER FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ATD Cassetta, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donata Scholer Douglas Behales* 1/21/97 561-747-0016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044136

CR2E037 (9/96)