
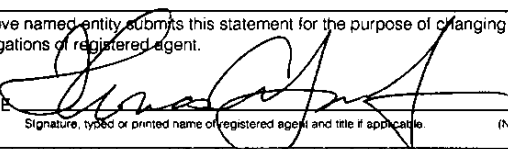
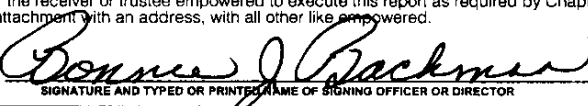


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90019 013 ****61.25

DOCUMENT # 742255			
1. Entity Name JUPITER PLANTATION HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 825 CENTER STREET #58 JUPITER, FL 33458 US		Mailing Address 1930 COMMERCE LANE #1 JUPITER, FL 33458 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2400 CENTRE PARK W. DRIVE #175	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WEST PALM BEACH, FL	
Zip	Country	Zip	Country
		33409	USA
4. FEI Number 59-1891960		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INGLIS, STEVE 1930 COMMERCE LANE STE. 1 JUPITER, FL 33458		SEACREST SERVICES, INC. 2400 CENTRE PARK W DRIVE #175 WEST PALM BEACH, FL 33409	
Name		Name	
Street A		Street A	
City		City	
Code		Code	
		409	
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 		Thomas A. Jones	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		DATE	
3-2-07			
Filing Fee is \$61.25 Due by May 1, 2007		Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PRESIDENT DIRECTOR
NAME	MARYLOU, ALLISON	NAME	BONNIE BOCHMAN
STREET ADDRESS	825 CENTER ST #19C	STREET ADDRESS	825 CENTER ST # 27B
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	JUPITER, FL 33458
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD	TITLE	DIRECTOR
NAME	ABEL, WALLY	NAME	ABEL WALLY
STREET ADDRESS	825 CENTER ST., 55D	STREET ADDRESS	825 CENTER ST # 55D
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	JUPITER, FL 33458
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	VP DIRECTOR
NAME	SAMPSON, RON	NAME	ROSS LARSEN
STREET ADDRESS	825 CENTER ST #30D	STREET ADDRESS	825 CENTER ST # 33D
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	JUPITER, FL 33458
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	TITLE	S.D.
NAME	SOLAR, CLARENCE	NAME	A.F. HOLLGREN
STREET ADDRESS	825 CENTER ST #51B	STREET ADDRESS	825 CENTER ST # 4A
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	JUPITER, FL 33458
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	TD
NAME		NAME	DAVE SMITH
STREET ADDRESS		STREET ADDRESS	825 CENTER ST. # 24D
CITY-ST-ZIP		CITY-ST-ZIP	JUPITER, FL 33458
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 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 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: 		3/5/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

40040414



03022007 Chg-NP CR2E037 (12/06)