## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Northam

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

748295

(3)

## THE JUPITER DUNES PROPERTY OWNERS ASSOCIATION, I

## Principal Place of Business Mailing Address 725 N. A1A C/O PLANTATION MANAGEMENT 3. Date Incorporated or Qualified #C110 662 NE OCEAN BLVD. <u>07/31/1979</u> JUPITER FL 33477 STUART FL 34996 4. FEI Number Applied For 59-2069167 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be П 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAZMIER, TIMOTHY D 82 Street Address (P.O. Box Number is Not Acceptable) 682 NE OCEAN BLVD 83 STUART FL 34996 84 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition <del>-P</del>9 1.1 TITLE TITLE morris, Jack NAME <del>-'Monnis, Jack</del>-1.2 NAME 4002 FAIRWAY DR N STREET ADDRESS 1.3 STREET ADDRESS Jupiter fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE ₽ 2.1 TOLE NAME YOUNG, BEN 2.2 NAME STREET ADDRESS 2009 FAIRWAY DR S 2.3 STREET ADDRESS Jupiter fl CITY-ST-ZIF 2.4 CITY-ST-7IP TITLE DELETE 3.1 TITLE ☐ Addition NAME HUNTER, MARILYN 3.2 NAME STREET ADDRESS 101 CLUB HOUSE CIR 3.3 STREET ADDRESS CITY-ST-ZIP Jupiter Fl 3.4. CITY-S1-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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 receive 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.

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Apr 13 1998 8:00am

Secretary of State