2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 748295

1. Entity Name

Principal Place of Business

THE JUPITER DUNES PROPERTY OWNERS ASSOCIATION, I

725 N. A1A #C110 JUPITER FL 33477 US 2. Principal Place of Business		662 NE (Stuart US	C/O PLANTATION MANAGEMENT 662 NE OCEAN BLVD. STUART FL 34996-1623 US								
<u>.</u> .											
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.					DO NOT WRIT	E IN THIS S	SPACE	
City & State	e	City 8	City & State				4. FEI Number 59-2069167			Applied For Not Applicable	
Zip Country		Zip	Zip		Country		E Cortificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Addres	s of Current Registered	Agent	1			7. Name and	Address of New R		<u>'</u>	
					Name						
VAZMIER TIMOTHY D					Street Address (P.O. Box Number is Not Acceptable)						
KAZMIER, TIMOTHY D 662 NE OCEAN BLVD				ŀ				* ***			
STUART F	L 34996				City				FL	Zip Code	a
	named entity submits thi									<u> </u>	
	FILE NOW: FEE IS \$61.25		Election Campaign	Financin	<u>.</u>	\$5.00	May Be to Fees			Payable to of State	,
10.	OFFIC	ERS AND DIRECTORS		11.				ANGES TO OFFICER	RS AND DIF	RECTORS IN	10
TITLE -	ST		Delete	TITLE		54-		ILLIAMS		Change	Addition 3
NAME HORRIS, JACK STREET ADDRESS 4002 FAIRWAY DR N				NAME STREE				HOUSE CIR	PLE		Ì
CITY-ST-ZIP	JUPITER FL			CITY-	ST-ZIP		CC 0(13)				
	PD		☐ Delete	TITLE		7				☐ Change	☐ Addition 3
NAME STREET ADDRESS	Young, Ben 2009 Fairway dr s			NAME STREE	T ADDRESS						
CITY-ST-ZIP	JUPITER FL			CITY-	ST-ZIP		-	-8-5-		· · · · · · · · · · · · · · · · · · ·	
TITLE	VPD		☐ Delete	TITLE		V				Change	☐ Addition
NAME STREET ADDRESS	HUNTER, MARILYN 101 CLUB HOUSE C	R			T ADDRESS						
CITY-ST-ZIP	JUPITER FL			CITY-	ST-ZIP						
TITLE NAMÉ	D.		☐ Delete	TITLE NAME						☐ Change	☐ Addition
STREET ADDRESS	BONA, LUIGI 4502 FAIRWA	1. DRIVE NORTH			T ADDRESS						
CITY-ST-ZIP	SUPMER. FL.	33477		CITY-	ST-ZIP						
TITLE NAME	VP	Le	☐ Delete	TITLE						Change	Addition
STREET ADDRESS 3500 FRIAWAY DRIVE NORTH TUPITER FL 33477					T ADDRESS						
CITY-ST-ZIP	JUPITER PL	33477		CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE NAME						☐ Change	☐ Addition
NAME STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						

12. 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 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.

FILED

03-01-2000 90033 042 ****61.25

Mar 01, 2000 8:00 am Secretary of State