

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90026 047 \*\*\*\*61.25  
 07-25-2001 90003 050 \*\*\*\*61.25

**DOCUMENT # 748295**

1. Entity Name

**THE JUPITER DUNES PROPERTY OWNERS ASSOCIATION, I**

*LN*



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>725 N. A1A #C110 JUPITER FL 33477 US</b>	Mailing Address <b>C/O PLANTATION MANAGEMENT 662 NE OCEAN BLVD. STUART FL 34996 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2069167</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**KAZMIER, TIMOTHY D  
662 NE OCEAN BLVD  
STUART FL 34996**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

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

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<del>ST</del>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, WILLIAM</b>	
STREET ADDRESS	<b>1504 CLUBHOUSE CIRCLE</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<del>YOUNG, BEN</del>	
STREET ADDRESS	<del>2009 FAIRWAY DR S</del>	
CITY-ST-ZIP	<del>JUPITER FL</del>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<del>HUNTER, MARILYN</del>	
STREET ADDRESS	<del>101 CLUB HOUSE CIR</del>	
CITY-ST-ZIP	<del>JUPITER FL</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUIGI, BONA</b>	
STREET ADDRESS	<b>4502 FAIRWAY DRIVE NORTH</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<del>FRANK, MEIER</del>	
STREET ADDRESS	<del>3506 FAIRWAY DRIVE NORTH</del>	
CITY-ST-ZIP	<del>JUPITER FL 33477</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, BOB</b>	
STREET ADDRESS	<b>3503 FAIRWAY DRIVE NORTH</b>	
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SMITH POLISED, PAUL</del>	
STREET ADDRESS	<b>1808 FAIRWAY DRIVE SOUTH</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEDBOM, MERRILL</b>	
STREET ADDRESS	<b>603 CLUBHOUSE CIRCLE</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *SIGNATURE REQUIRED*

*7-19-01 561-334-3600*