

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-12-2002 90280 008 ****61.25

DOCUMENT # 748295

1. Entity Name

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

Principal Place of Business

Mailing Address

725 N. A1A
 #C110
 JUPITER FL 33477
 US

C/O PLANTATION MANAGEMENT
 662 NE OCEAN BLVD.
 STUART FL 34996
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2069167

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAZMER, TIMOTHY D
662 NE OCEAN BLVD
STUART FL 34996

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **WILLIAMS, WILLIAM**
 STREET ADDRESS **1504 CLUBHOUSE CIRCLE**
 CITY-ST-ZIP **JUPITER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **SMITH, BOB**
 STREET ADDRESS **3503 FAIRWAY DRIVE NORTH**
 CITY-ST-ZIP **JUPITER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **~~POLISHED, PAUL~~**
 STREET ADDRESS **1808 FAIRWAY DRIVE SOUTH**
 CITY-ST-ZIP **JUPITER FL**

TITLE **S/D** Change Addition
 NAME **POLISHED, PAUL**
 STREET ADDRESS **1808 FAIRWAY DR. SOUTH**
 CITY-ST-ZIP **JUPITER, FL**

TITLE **D** Delete
 NAME **~~LUIGI, BONA~~**
 STREET ADDRESS **4502 FAIRWAY DRIVE NORTH**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** Change Addition
 NAME **COPE, ARTHUR**
 STREET ADDRESS **4106 FAIRWAY DRIVE NORTH**
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **~~STENBOM, MERRILL~~**
 STREET ADDRESS **603 CLUBHOUSE CIRCLE**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **VP** Change Addition
 NAME **MEIER, FRANK**
 STREET ADDRESS **3506 FAIRWAY DRIVE NORTH**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02
 Date

561-334-3600
 Daytime Phone #

CFR2007 (9/01)