

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90020 008 ****61.25

DOCUMENT # 748295
1. Entity Name
THE JUPITER DUNES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: **725 N. A1A #C110 JUPITER FL 33477 US**
Mailing Address: **2115 SE OCEAN BLVD STUART FL 34996 US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E037 (11/03)

4. FEI Number: **59-2069167**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KAZMIER, TIMOTHY D
2115 SE 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM	
STREET ADDRESS	1504 CLUBHOUSE CIRCLE	
CITY-ST-ZIP	JUPITER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, BOB	
STREET ADDRESS	3503 FAIRWAY DRIVE NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOEY, JACK	
STREET ADDRESS	1803 FAIRWAY DR S	
CITY-ST-ZIP	JUPITER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COPE, ARTHUR	
STREET ADDRESS	4106 FAIRWAY DRIVE NORTH	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEIR, FRANK	
STREET ADDRESS	3506 FAIRWAY DRIVE NORTH	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONAHAN, THOMAS H.	
STREET ADDRESS	1203 Clubhouse Circle	
CITY-ST-ZIP	Jupiter, FL. 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, FRANK	
STREET ADDRESS		
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 its 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: ARTHUR R. COPE Feb. 26.04 772-220-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #