
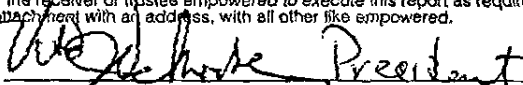


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 748295</b>					
<b>1. Entity Name</b> THE JUPITER DUNES PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1930 COMMERCE LANE STE 1 JUPITER, FL 33458 US			<b>Mailing Address</b> 1930 COMMERCE LANE STE 1 JUPITER, FL 33458 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
INGLIS, STEVE 1930 COMMERCE LN #1 JUPITER, FL 33458				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State.</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BILL			NAME	
STREET ADDRESS	1504 CLUBHOUSE CIR			STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL 33477			CITY-STATE-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	
NAME	SMITH, BOB			NAME	
STREET ADDRESS	3503 FAIRWAY DRIVE NORTH			STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL			CITY-STATE-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	HOEU, JACK			NAME	
STREET ADDRESS	1803 FAIRWAY DR S			STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL 33477			CITY-STATE-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	
NAME	COPE, ARTHUR			NAME	
STREET ADDRESS	4106 FAIRWAY DRIVE NORTH			STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL 33477			CITY-STATE-ZIP	
TITLE	SEC	<input type="checkbox"/> Delete		TITLE	
NAME	DE MONTE, VITO			NAME	
STREET ADDRESS	3705 FAIRWAY DR N			STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL 33477			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 				Date: 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 561-745-3020	