

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 748296 (1)**  
1. Corporation Name  
**THE JUPITER DUNES CONDOMINIUM 'A' ASSOCIATION, I NC.**



Principal Place of Business Mailing Address  
**662 N.E. OCEAN BLVD.  
STUART FL 34996**

3. Date Incorporated or Qualified **07/31/1979** 3a. Date of Last Report **03/24/1995**  
4. FEI Number **59-2069166** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

## 9. Name and Address of Current Registered Agent

**KAZMIER, TIMOTHY D  
662 N.E. OCEAN BLVD.  
STUART FL 34996**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKARIAN, MURAD	1.2 NAME	
STREET ADDRESS	102 CLUBHOUSE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>STEMBOM, MERRILL</del>	2.2 NAME	McGrath, David
STREET ADDRESS	<del>603 CLUBHOUSE CIRCLE</del>	2.3 STREET ADDRESS	101 Clubhouse Circle
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTESI, RUTH	3.2 NAME	
STREET ADDRESS	1102 CLUBHOUSE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DETTLING, JOHN L</del>	4.2 NAME	Treasurer
STREET ADDRESS	<del>602 CLUBHOUSE CIRCLE</del>	4.3 STREET ADDRESS	Wilson, Richard
CITY-ST-ZIP	JUPITER FL 33477	4.4 CITY-ST-ZIP	1202 Clubhouse Circle
TITLE	<del>D</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WILSON, RICHARD</del>	5.2 NAME	Director
STREET ADDRESS	<del>1202 CLUBHOUSE CIRCLE</del>	5.3 STREET ADDRESS	Neale, Bill
CITY-ST-ZIP	JUPITER FL 33477	5.4 CITY-ST-ZIP	803 Clubhouse Circle
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*M. D. Markarian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96  
Date

407-334-3600  
Daytime Phone #

CR2E037 (12/95)