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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758098 (8)

1. Corporation Name

JUPITER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1420 OCEAN WAY
#33-A
JUPITER FL 33477

1420 OCEAN WAY
#33-A
JUPITER FL 33477



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/20/1981		02/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2264460		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ST. JOHN, KING & DICKER 500 AUSTRALIAN AVE S 6TH FLOOR WEST PALM BEACH FL 33401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	1.1 TITLE	PD
NAME	PICILLO	1.2 NAME	JAMES REICHARDT
STREET ADDRESS	1420 OCEAN WAY #2-B	1.3 STREET ADDRESS	1420 OCEAN WAY # 12B
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER FL 33477
TITLE	VPD	2.1 TITLE	VPD
NAME	ROTONDO, GRACE	2.2 NAME	DR. DAVID Fischman
STREET ADDRESS	1420 OCEAN WAY, #27-C	2.3 STREET ADDRESS	1420 Ocean way # 130A
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	SD	3.1 TITLE	
NAME	BURGESSON, LOIS	3.2 NAME	
STREET ADDRESS	1420 OCEAN WAY #18-D	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	KIZER, KENNETH	4.2 NAME	Margrie Joy
STREET ADDRESS	1420 OCEAN WAY #2-A	4.3 STREET ADDRESS	1420 Ocean way #200
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Jochen KAHRS
STREET ADDRESS		5.3 STREET ADDRESS	1420 Ocean way # 29 D
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/96

407 746-2803

CR2E037 (12/95)