


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90008 045 ****61.25

0046798

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 758098					
1. Corporation Name JUPITER I HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1420 OCEAN WAY #33-A JUPITER FL 33477			Mailing Address 1420 OCEAN WAY #33-A JUPITER FL 33477		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/20/1981	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2264460	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30			
9. Name and Address of Current Registered Agent STAMBAUGH, REGINALD G PA 1400 CENTREPARK BLVD.,STE86- SUITE #860 WEST PALM BEACH FL 33401			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
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	ROTONOLO, GRACE		1.2 NAME		
STREET ADDRESS	1420 OCEAN WAY 27C		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EICKELBECK, SHARON		2.2 NAME		
STREET ADDRESS	1420 OCEAN WAY, 27C		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTO, GARY		3.2 NAME		
STREET ADDRESS	1420 OCEAN WAY, 7B		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVOTI, PHILIP		4.2 NAME		
STREET ADDRESS	1420 OCEAN WAY, 27C		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAHRS, JOCHEN		5.2 NAME		
STREET ADDRESS	1420 OCEAN WAY, #290		5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP		
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 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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

561-746-2803
Daytime Phone #

CR2E037 (11/98)