


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90278 003 \*\*\*\*61.25

<b>DOCUMENT # 758098</b> 1. Entity Name <b>JUPITER HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1420 OCEAN WAY #33-A JUPITER, FL 33477</b>			Mailing Address <b>1420 OCEAN WAY #33-A JUPITER, FL 33477</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2264460</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FIELDS, GARY ADMIRALTY TOWERS SUITE 700 4400 PGA BLVD. PALM BEACH GARDENS, FL 33401</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOHN		NAME	Richmond Carol	
STREET ADDRESS	1420 OCEAN WAY 14 A		STREET ADDRESS	1420 Ocean Way 13 B	
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP	Jupiter FL 33477	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHMOND, CAROL		NAME	Obell Florida	
STREET ADDRESS	1420 OCEAN WAY 13-B		STREET ADDRESS	1420 Ocean Way # 9D	
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP	Jupiter, FL 33477	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTONDO, GRACE		NAME	Rotondo, Grace	
STREET ADDRESS	1420 OCEAN WAY 27-C		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, MARGARET		NAME	TRAINOR, Helen	
STREET ADDRESS	1420 OCEAN WAY 26-C		STREET ADDRESS	1420 Ocean Way # 17D	
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP	Jupiter FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, RICARD T		NAME	Jack Tishler	
STREET ADDRESS	1420 OCEAN WAY 12-B		STREET ADDRESS	1420 Ocean Way # 9C	
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP	Jupiter, FL 33477	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 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>SIGNATURE:</b> <u>Florida Odell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	