


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90003 001 ****61.25

DOCUMENT # 758098 1. Entity Name JUPITER 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIELDS, GARY ADMIRALTY TOWERS SUITE 700 4400 PGA BLVD. PALM BEACH GARDENS, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHMOND, CAROL		NAME		
STREET ADDRESS	1420 OCEAN WAY 13B		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ODELL, FLORIDA		NAME		
STREET ADDRESS	1420 OCEAN WAY #9D		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE	BM		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTONDO, GRACE		NAME	Treasurer	
STREET ADDRESS	1420 OCEAN WAY 27-C		STREET ADDRESS	Bichler, Michael	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	1420 Ocean Way, Unit 22B	
TITLE	S		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAINOR, HELEN		NAME	Secretary	
STREET ADDRESS	1420 OCEAN WAY #17D		STREET ADDRESS	Schwartz, Gayle	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	1420 Ocean Way, Unit 5A	
TITLE	D		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEHR, DENNIS		NAME	Director	
STREET ADDRESS	1420 OCEAN WAY #14B		STREET ADDRESS	O'Leary, Mary	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	1420 Ocean Way, Unit 25C	
TITLE	<input type="checkbox"/> Delete		TITLE		
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 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.					
SIGNATURE: <u>Carol B Richmond</u> CAROL B RICHMOND <u>3/6/07</u> <u>561 575 7667</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2264460

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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