


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90133 044 ****61.25

DOCUMENT # 758098

1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2264460**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIELDS, GARY
ADMIRALTY TOWERS SUITE 700
4400 PGA BLVD.
PALM BEACH GARDENS FL 33401**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, JOHN	
STREET ADDRESS	1420 OCEAN WAY 14 A	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CABARLE, KEN	
STREET ADDRESS	1420 OCEANWAY 13 D	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CORD, RETA M	
STREET ADDRESS	1420 OCEANWAY 24B	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> Delete
NAME	TISHLER, JACK	
STREET ADDRESS	1420 OCEAN WAY 9C	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRAINOR, HELEN	
STREET ADDRESS	1420 OCEAN WAY, #17D	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernie Belitsky	
STREET ADDRESS	1420 Ocean Way # 23C	
CITY-ST-ZIP	Jupiter FL 33477	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shawn O'Connor	
STREET ADDRESS	1420 Ocean Way 7B	
CITY-ST-ZIP	Jupiter FL 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:  **3/3/03** **561-745-9605**

CR2E037 (10/02)