


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 763684 1. Entity Name JUPITER HILLS VILLAGE II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 11830 SE HILLS CLUB DR TEQUESTA, FL 33469 US	Mailing Address 11830 SE HILLS CLUB DR TEQUESTA, FL 33469 US
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DO NOT WRITE IN THIS SPACE

02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2223721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTTS, GEORGE
 11830 SE HILLS CLUB DR.
 TEQUESTA, FL 33469

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000837159
 03/04/08-80045-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTTS, GEORGE 11830 SE HILLS CLUB DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LA CAMERA, PAUL 11860 SE HILLS CLUB DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIN, JAMES 11860 SE HILLS CLUB DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY, WILLIAM 11830 SE HILLS CLUB DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: George F. Butts **GEORGE F. BUTTS** 561-644-7522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #