

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768198 (4)

1. Corporation Name
CHASEWOOD OF JUPITER CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business: 6381 CHASEWOOD DR. P.O. BOX 4224 JUPITER FL 33458 US
Mailing Address: 6381 CHASEWOOD DR. P.O. BOX 4224 JUPITER FL 33458 US

3. Date Incorporated or Qualified: 04/29/1983
3a. Date of Last Report: 07/06/1995

2. Principal Place of Business: 21 same →
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: 33458 Country: US
25
26 Mailing Address: 6381 Chasewood Dr.
27 Suite, Apt. #, etc.:
28 City & State: Jupiter, FL
29 Zip: 33458 Country: 30 Palm Beach

4. FEI Number: 59-2382304 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MEYERS, GAIL
5725 CORPORATE WAY, SUITE 101
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
81 Name: Christopher Malpiedi
82 Street Address (P.O. Box Number is Not Acceptable): 6381 Chasewood Drive
83
84 City: Jupiter FL 85 Zip Code: 33458

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: *Christopher Malpiedi* DATE: 4-22-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSLOWSKI, LIZAK	1.2 NAME	Vice President
STREET ADDRESS	6370 CHASEWOOD DR. APT B	1.3 STREET ADDRESS	Don Perrone
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	6499-D Chasewood Dr.
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARON, WILMA	2.2 NAME	Secretary
STREET ADDRESS	6380 CHASEWOOD DR. APT. B	2.3 STREET ADDRESS	JUNE DAVIN
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	6468-H Chasewood Dr.
TITLE	VP President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NERI, DAN	3.2 NAME	Treasurer
STREET ADDRESS	6272-H CHASEWOOD DR	3.3 STREET ADDRESS	Kim Tripp
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	6447-F Chasewood Dr.
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLACK, WILLIAM A.	4.2 NAME	Director
STREET ADDRESS	6468-D CHASEWOOD DRIVE	4.3 STREET ADDRESS	Pete Kuhn
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	6313-D Chasewood Dr.
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIPLEY, GEOFFREY H.	5.2 NAME	Director
STREET ADDRESS	6327-G CHASEWOOD DRIVE	5.3 STREET ADDRESS	Dean Swearingen
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	6370-A Chasewood Dr.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Director
STREET ADDRESS		6.3 STREET ADDRESS	Ken Cutt
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6392-H Chasewood Dr.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: 4-22-96 DAYTIME PHONE #: 407/744-1617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)