


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 13 1998 8:00am  
 Secretary of State

0007461

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768198 (4)**  
 1. Corporation Name  
**CHASEWOOD OF JUPITER CONDOMINIUM ASSOCIATION, IN C.**



Principal Place of Business 6381 CHASEWOOD DR. JUPITER FL 33458 US	Mailing Address 6381 CHASEWOOD DR. JUPITER FL 33458 US
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3. Date Incorporated or Qualified <b>04/29/1983</b>	Applied For Not Applicable
4. FEI Number <b>59-2382304</b>	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MALPIEDI, CHRISTOIPHER**  
**6381 CHASEWOOD DR**  
**JUPITER FL 33458**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: *Christoph Malpiedi* **CHRISTOPHER MALPIEDI** MANAGER **B-5-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>PERRONE, DON</b>
STREET ADDRESS: <b>6499-D CHASEWOOD DR</b>	CITY-ST-ZIP: <b>JUPITER FL</b>
TITLE: <b>P</b> <input type="checkbox"/> DELETE	NAME: <b>BARON, WILMA</b>
STREET ADDRESS: <b>6380-G CHASEWOOD DR.</b>	CITY-ST-ZIP: <b>JUPITER FL</b>
TITLE: <b>VPAT</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>SHIPLEY, G<sup>60</sup>FFREY</b>
STREET ADDRESS: <b>6327-G CHASEWOOD DR.</b>	CITY-ST-ZIP: <b>JUPITER FL</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>KUHN, PETE</b>
STREET ADDRESS: <b>6313-D CHASEWOOD DR</b>	CITY-ST-ZIP: <b>JUPITER FL</b>
TITLE: <b>T</b> <input type="checkbox"/> DELETE	NAME: <b>SWEARIGEN, DEAN</b>
STREET ADDRESS: <b>6370-A CHASEWOOD DR</b>	CITY-ST-ZIP: <b>JUPITER FL</b>
TITLE: <b>S</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>TRIPP, KIM</b>
STREET ADDRESS: <b>6447-F CHASEWOOD DR.</b>	CITY-ST-ZIP: <b>JUPITER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Marjorie Miga</b>
1.3 STREET ADDRESS	<b>6459-H Chasewood Dr</b>
1.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Edith Rooney</b>
2.3 STREET ADDRESS	<b>6489-D Chasewood Dr.</b>
2.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Vicki Wolf</b>
3.3 STREET ADDRESS	<b>6356-B Chasewood Dr.</b>
3.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Jane Maddox</b>
4.3 STREET ADDRESS	<b>6468-E Chasewood Dr.</b>
4.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
5.1 TITLE	<b>VP + T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Swearigen, Dean</b>
5.3 STREET ADDRESS	<b>6370-A Chasewood Dr.</b>
5.4 CITY-ST-ZIP	<b>Jupiter, FL 33458</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Wilma Baron* **July 22** **744-1617**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)