


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90180 007 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768198**

1. Corporation Name

**CHASEWOOD OF JUPITER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

6381 CHASEWOOD DR.  
 JUPITER FL 33458  
 US

Mailing Address

6381 CHASEWOOD DR.  
 JUPITER FL 33458  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/29/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2382304
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**MALPIEDI, CHRISTOPHER**  
 6381 CHASEWOOD DR.  
 JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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* **MANAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGA, MARJORIE	1.2 NAME	Vicky Wolf
STREET ADDRESS	6459-H CHASEWOOD DR	1.3 STREET ADDRESS	6356-B Chasewood Dr.
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARON, WILMA	2.2 NAME	Jane Maddox
STREET ADDRESS	6380-G CHASEWOOD DR.	2.3 STREET ADDRESS	6468-E Chasewood Dr.
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	VPAT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIPLEY, GEOFFREY	3.2 NAME	Anita Kilpatrick
STREET ADDRESS	6327-G CHASEWOOD DR.	3.3 STREET ADDRESS	6479-D Chasewood Dr
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, PETE	4.2 NAME	
STREET ADDRESS	6313-D CHASEWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEARIGEN, DEAN	5.2 NAME	
STREET ADDRESS	6370-A CHASEWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, EDITH	6.2 NAME	
STREET ADDRESS	6439-D CHASEWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	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)(i), 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, with all other like empowered.

SIGNATURE:

*Walter Barrow* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 744-1617

Date

Daytime Phone

CR2E037 (1/98)