

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768577 (9) 1. Corporation Name JUPITER VILLAGE TOWN HOMES PHASE EIGHT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 900 E. INDIANTOWN ROAD #210 JUPITER FL 33467			Mailing Address 900 E. INDIANTOWN ROAD #210 JUPITER FL 33477-5153		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/23/1983 3a. Date of Last Report 04/24/1996 4. FEI Number 59-2321667 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAMPBELL, THERESA 900 E. INDIANTOWN RD #210 JUPITER 33477			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 _____ 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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, AL		1.2 NAME	GEORGE DYMARCIK	
STREET ADDRESS	104 LAKESIDE DR 21B		1.3 STREET ADDRESS	705 STONEWOOD CT 17B	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLL, NORBERT		2.2 NAME		
STREET ADDRESS	706 STONEWOOD CT, 18C		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, LINDA		3.2 NAME	PATRICIA KING	
STREET ADDRESS	407 LAKEWORTH CT, 5B		3.3 STREET ADDRESS	408 LAKEWOOD CT 6B	
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYRCIO, FRANK		4.2 NAME	FRANK CURCIO	
STREET ADDRESS	408 LAKEWOOD CT, 6A		4.3 STREET ADDRESS	408 LAKEWOOD CT 6A	
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, SHEILA		5.2 NAME		
STREET ADDRESS	406 LAKEWOOD CT, 4A		5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: \_\_\_\_\_ Frank A. Curcio VP 4/6/97 5461-7111/1997

CR2E037 (9/96)