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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768577** (9)

1. Corporation Name

JUPITER VILLAGE TOWN HOMES PHASE EIGHT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**900 E. INDIANTOWN ROAD #210
JUPITER FL 33467**

**900 E. INDIANTOWN ROAD #210
JUPITER FL 33467**

3. Date Incorporated or Qualified

05/23/1983

4. FEI Number

59-2321667

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, THERESA
900 E. INDIANTOWN RD #210
JUPITER 33477**

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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DYMARCH, GEORGE
STREET ADDRESS	705 STONEWOOD CT. 17B
CITY-ST-ZIP	JUPITER FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SCHOLL, NORBERT
STREET ADDRESS	708 STONEWOOD CT. 18C
CITY-ST-ZIP	JUPITER FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	KING, PATRICIA
STREET ADDRESS	408 LAKEWOOD CT. 6B
CITY-ST-ZIP	JUPITER FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CURCIO, FRANK
STREET ADDRESS	408 LAKEWOOD CT. 6A
CITY-ST-ZIP	JUPITER FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PRATT, SHEILA
STREET ADDRESS	408 LAKEWOOD CT. 4A
CITY-ST-ZIP	JUPITER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Eppisita
1.3 STREET ADDRESS	301 Lakewood Dr 8B
1.4 CITY-ST-ZIP	Jupiter FL 33458
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5D Judi Sutherland
3.3 STREET ADDRESS	703 Stonewood Ct 16C
3.4 CITY-ST-ZIP	Jupiter FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P.D.
4.3 STREET ADDRESS	Is currently being replaced
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(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: **Sheila Pratt**

4/29/98 (561) 525-9267

CR2E037 (10/97)