

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768577

1. Entity Name

JUPITER VILLAGE TOWN HOMES PHASE EIGHT CONDOMINI

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90032 019 ****61.25

Principal Place of Business

Mailing Address

900 E. INDIANTOWN ROAD #210
JUPITER FL 33467

900 E. INDIANTOWN ROAD #210
JUPITER FL 33477-5153

2. Principal Place of Business

3. Mailing Address

8259 N. Military Tr

← SAME

Suite, Apt. #, etc.
Suite 11

Suite, Apt. #, etc.

City & State
PBG

City & State

4. FEI Number
59-2321667

Applied For
Not Applicable

Zip
33410 FL

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Karen Zink
Street Address (P.O. Box Number is not Acceptable)
8259 N. Military Tr
Suite 11
City PBG FL 33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Karen Zink DATE 4/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ESPISITA, J	
STREET ADDRESS	301 LAKEWOOD DR 8B	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHOLL, NORBERT	
STREET ADDRESS	706 STONEWOOD CT, 18C	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUTHERLIN, J	
STREET ADDRESS	703 STONEWOOD CT 18C	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOLIN, KAREN Boylan, Karen	
STREET ADDRESS	407 LAKEWOOD CT 5-D	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	PERRONE, DEBBIE	
STREET ADDRESS	102 LAKE WOOD DR 22-C	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boylan, Karen	
STREET ADDRESS	407 LAKEWOOD CT 5-D	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Singleton, Jerry	
STREET ADDRESS	701 STONEWOOD CT 15 B	
CITY-ST-ZIP	Jupiter, FL 33458	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith M. Sutherland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/00 Daytime Phone # 561-745-6266

CR2E037 (9/99)