FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 27, 2002 8:00 am Secretary of State **DOCUMENT # 768577** 1. Entity Name JUPITER VILLAGE TOWN HOMES PHASE EIGHT CONDOMINI 03-27-2002 90063 009 ****61.25 UM ASSOCIATION, INC. Principal Place of Business Mailing Address 8259 N. MILITARY TR. 6259 N. MILITARY TR. STE 11 PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 20410-Mailing Address 2. Principal Place of Business D.O. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2321667 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZINK, KAREN Street Addre 8259 N. MILITARY TR. STE/1 City Palm BCH Gardens 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VD X Delete Addition TITLE TITLE SCHOLL, NORBERT NAME NAME 706 STONEWOOD CT. 18C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP TD Delete TITLE Addition Addition TITLE SUTHERLIN, J NAME NAME 40 le La Kewood 703 STONEWOOD CT 16C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL TITLE Addition -TITLE Delete = = BOYLAN, KAREN NAME NAME 407 LAKEWOOD CT 5-D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP **Addition** TITLE Delete Delete TITLE Deborah hacter - Change of 705 hakewood CT.-ApT.17L superter FL 33458 SINGLETON, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 701 STONEWOOD CT 15B CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete TITLE Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 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 Blochanged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition