

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90019 027 ****61.25

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03292005 Chg-NP CR2E037 (10/03)

DOCUMENT # 768577 1. Entity Name JUPITER VILLAGE TOWN HOMES PHASE EIGHT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8259 N. MILITARY TR. STE 11 PALM BCH GARDENS, FL 33410			Mailing Address P.O. BOX 353 JUPITER, FL 33468		
2. Principal Place of Business 154 SIMS Creek Lane		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State JUPITER, FL		City & State		4. FEI Number 59-2321667	
Zip 33458		Country FLM BCH		Zip Country	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, ERIC G 154 SIMS CREEK LANE JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASEL, KEITH 501 LAKEWOOD DR., 9A JUPITER, FL 33458	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEEDLE, RICHARD 407 LAKEWOOD CT., 5C JUPITER, FL 33458	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYLAN, KAREN 407 LAKEWOOD CT 5-D JUPITER, FL 33458	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKEY, DEBORAH 705 LAKEWOOD CT APT 17C JUPITER, FL 33458	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOYL, ADAM 406 LAKEWOOD DR., 4B JUPITER, FL 33458	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEISEL, KEITH 712 U.S. HWY. ONE-STE. 230 N. PALM BCH, FL 33408	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEEDLE, MARY 407 LAKEWOOD CT., 5C JUPITER, FL 33458	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTELLA, SHIRLEY 407 LAKEWOOD CT., 5A JUPITER, FL 33458	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTELLA, LOUIS 407 LAKEWOOD CT., 5A JUPITER, FL 33458	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTELLA, LOUIS 407 LAKEWOOD CT., 5A JUPITER, FL 33458	☐ Change ☒ Addition			
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: _____ Pres. 3/29/05 (561)842-1025 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					