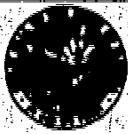


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01279 (1)

1. Corporation Name

SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O SHERRY L. COOPER
725 NORTH ALA. SUITE B102
JUPITER FL 33477
US**

**POST OFFICE BOX 9184
535 EAST INDIANTOWN ROAD
JUPITER FL 33468
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1984

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2532782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, SHERRY L.
725 NORTH ALA, SUITE B-102
JUPITER FL 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Sherry L. Cooper

(Print, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/5/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	DALEY, MARY LOU
STREET ADDRESS	401 SUMMERWINDS LANE
CITY - ST - ZIP	JUPITER FL
TITLE	VP
NAME	BERISH, RICHARD
STREET ADDRESS	802 SUMMERWINDS LANE
CITY - ST - ZIP	JUPITER FL
TITLE	BB
NAME	REIS, MARIE
STREET ADDRESS	1204 SUMMERWINDS LANE
CITY - ST - ZIP	JUPITER FL
TITLE	DT
NAME	GILBERT, LEONARD
STREET ADDRESS	701 SUMMERWINDS LANE
CITY - ST - ZIP	JUPITER FL
TITLE	D
NAME	SPENCER, VIRGINIA
STREET ADDRESS	801 SUMMERWINDS LANE
CITY - ST - ZIP	JUPITER FL
TITLE	D
NAME	BACIGALUP, LINDY
STREET ADDRESS	1200 SUMMERWINDS LANE
CITY - ST - ZIP	JUPITER FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DIRECTOR ☒ Change ☐ Addition
2.2 NAME	BERISH, RICHARD
2.3 STREET ADDRESS	802 SUMMERWINDS LN
2.4 CITY - ST - ZIP	JUPITER, FL 33458
3.1 TITLE	DIRECTOR, VICE-PRESIDENT ☐ Change ☒ Addition
3.2 NAME	WUTHEGROVE WILLIAM
3.3 STREET ADDRESS	704 SUMMERWINDS LN
3.4 CITY - ST - ZIP	JUPITER, FL 33458
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	DS ☐ Change ☒ Addition
6.2 NAME	HASER, CAROL
6.3 STREET ADDRESS	501 SUMMERWINDS LN
6.4 CITY - ST - ZIP	JUPITER, FL 33458

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Sherry L. Cooper

4/5/95

(407) 575-1430

(PRINT, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

TELEPHONE