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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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SIGNATURE:

N01279

(1)

DOCUMENT # SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, I

ncipal Place o	of Business	Mailing Address		i idential Att baile titen traus seale i	
C/O SHERRY L. COOPER		POST OFFICE BOX 916			
25 NORTH AL	a. Suite B102	535 EAST INDIANTOWN	N ROAD		
Jupiter FL 33477 US		Jupiter FL 33468 Us		 Date Incorporated or Qualified 02/07/1984 	3a. Date of Last Report 04/18/1995
J				4. FEI Number	Applied For
Principal Plac	ce of Business	2a. Mailing Address		59-2532782	Not Applicable
		Suite, Apt. #, etc.	······································		\$8.75 Additional
Suite, Apt. #	, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be Added to Fees
0.17 1 1 1 1 1		28	- 	Trust Fund Contribution 8. This corporation has liability for in	
Zip	Country	Zip	Country 30	8. This corporation has liability for in	Yes No
	25 9. Name and Address of Curren	29 29 Agent	30	10. Name and Address of New Ro	egistered Agent
	9. Name and Address of Carre		81 Name	THUR P	e e
COOPER	CUERRY		82 Street Add	dress (P.O. Box Number is Not Acceptable	le)
725 NOR			501	MIRAMAR L	<u> 77 </u>
JUPPER	FL-33477		83		
			84	Pearl Loadens	FL 85 33410
			PALM	BEAUL GANDENS	nose of changing its registered off
1. Pursuant t	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori	2 and 617.1508, Florida Statu	ites, the above-named corporation's bo	oration submits this statement for the pur- perd of directors. I hereby accept the appo	
	ed agent, or both, in the blace of Con-	tion 617 0503 Florida Statute			[]
familiar wit	ed agent, or both, in the state of hor h, and accept the obligations of, Sec	Allor 6 17.0500; Florida States	1	<i>Pl - 1 1 1 1 1 1 1</i>	U/W/Y6
familiar wit	TOM TAULBEE		110-10	ired when reinstating	4/15/96
familiar wit	IOM TAVLBER Signature, typed or printed name of registered agen	nt and title if applicable.	NOTE: Registered Agent signature requi	ored when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
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Daytime Phone #