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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N01279 (1)

1. Corporation Name

SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, I
NC.



Principal Place of Business

Mailing Address

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

POST OFFICE BOX 9164
535 EAST INDIANTOWN ROAD
JUPITER FL 33468-9164
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
04/29/1996

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

TAULBEE, TOM
502 MIRAMAR LANE
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DAILEY, MARY LOU	
STREET ADDRESS	401 SUMMERWINDS LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERISH, RICHARD	
STREET ADDRESS	802 SUMMERWINDS LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	UPTHEGROVE, WILLIAM	
STREET ADDRESS	704 SUMMERWINDS LN	
CITY-ST-ZIP	JUPITER FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GILBERT, LEONARD	
STREET ADDRESS	701 SUMMERWINDS LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, VIRGINIA	
STREET ADDRESS	801 SUMMERWINDS LANE	
CITY-ST-ZIP	JUPITER FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HABER, CAROL	
STREET ADDRESS	501 SUMMERWINDS LN	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Walker	
1.3 STREET ADDRESS	903 Summerwinds Lane	
1.4 CITY-ST-ZIP	Jupiter, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hodas, Thomas	
2.3 STREET ADDRESS	904 Summerwinds Lane	
2.4 CITY-ST-ZIP	Jupiter, FL	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wheeler, Dolores	
3.3 STREET ADDRESS	803 Summerwinds Lane	
3.4 CITY-ST-ZIP	Jupiter, FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Parks, Diane	
4.3 STREET ADDRESS	804 Summerwinds Lane	
4.4 CITY-ST-ZIP	Jupiter, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	St. Julien, Lynda	
5.3 STREET ADDRESS	304 Summerwinds Land	
5.4 CITY-ST-ZIP	Jupiter, FL 33458	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

[Handwritten Signature] 4/12/97 4/12/97 4/12/97

CR2E037 (9/96)