## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(2)

## **FILED** May 14 1998 8:00am Secretary of State

JUPITER VILLAGE COMMUNITY HOMEOWNERS ASSOCIATION , INC.								
Principal Place of Business Mailing Address								
900 E INDIANTO	OWN RD			900 E INDIANTOWN RD			3. Date Incorporated or Qualified	
\$210 \$210 Jupiter Fl 33477 Jupiter Fl 33477							11/02/1979	
	***		0011121112 50111				4. FEI Number Applied For	
							59-1978912   Not Applicable	
2. Principal Place of Business 21			2a. Mailing Address 28	28			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.	27			Election Campaign Financing     Trust Fund Contribution     Added to Fees	
City & State			City & State				7. Is this nonprofit corporation a homeowners association?	
Zip 24		Country 25	Zip <b>29</b>	30 Co	untry	,	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.  Yes No	
	9. Name	and Address of Curr	ent Registered Agent		$\perp$		10. Name and Address of New Registered Agent	
					81	Name		
CAMPBELL, THERESA					62	Street /	Address (P.O. Box Number is Not Acceptable)	
C/O BELL-CAMP FINANCIAL SYSTEMS					L			
900 E INDIANTOWN RD				63				
JUPITER FL 33477					84	]	FL 85 Zip Code	
11. Pursuant t office or re agent. I ar	to the provisi egistered age m familiar wit	ons of Sections 617.0 ent, or both, in the Ste th, and accept the obl	502 and 617.1508, Florida State of Florida. Such change wiligations of, Section 617.0503	latutes, the a vas authorize 3, Florida Sta	above ad by atute:	e-named y the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE _	Circle 1			(BIOTE: Pagister		ant diametrus	e required when reinstating) DATE	
Signature, typed or printed name of registered agent  OFFICERS AND			AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD		☐ DELETE	1.17	1.1 TITLE		☐ Change ☐ Addition	
NAME	CLARK,	ED		1.21				
STREET ADDRESS	1			1.33		ADDRESS		
CITY-ST-ZIP	JUPITER FL				1.4 CITY-ST-2IP			
TITLE	DP		☐ DELETE		TITLE		Change Addition	
NAME					2.2 NAME			
STREET ADDRESS	# IDITED CI				2.3 STREET ADDRESS			
CITY-ST-ZIP JUPITER FL					2. 4 CITY-ST-ZIP		Change Addition	
TITLE NAME					3.2 NAME		C Addition	
STREET ADDRESS 176 PINEWOOD COURT					3.3 STREET ADDRESS			
CITY-ST-ZIP JUPITER FL				3.4. CITY-ST-ZIP				
TITLE	40	<u> </u>	☐ DELETE		TITLE		DT Change 🔀 Addition	
NAME	1			4.2	NAME		MIKE POWELL	

CITY-ST-ZIP 14. 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 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

MIKE POWELL

113 BANYAN CIR

Change

Change

Addition

Addition