

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01279

1. Entity Name

SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, I

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90398 012 ****61.25

Principal Place of Business

802 SUMMERWINDS LN
JUPITER FL 33458
US

Mailing Address

PO BOX 31115
PALM BEACH GARDENS FL 33420-1115
US

2. Principal Place of Business

10002 Summerwinds Lane
Suite, Apt. #, etc.
Jupiter, Florida
City & State

3. Mailing Address

P.O. Box 31115
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2532782** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TAULBEE, TOM
502 MIRAMAR LANE
PALM BEACH GARDENS FL 33410

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERISH, RICHARD		NAME	Gravinese, Barbara J.	
STREET ADDRESS	802 SUMMERWINDS LN		STREET ADDRESS	1002 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REIS, MARIE		NAME	McLoughlin, Andrew	
STREET ADDRESS	1204 SUMMERWINDS LN		STREET ADDRESS	1102 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, JOHN H		NAME	Blanchard, John H.	
STREET ADDRESS	404 SUMMERWINDS LN		STREET ADDRESS	404 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESSMITH, PAULA F		NAME	Sommer, Randall W.	
STREET ADDRESS	1401 SUMMERWINDS LN		STREET ADDRESS	304 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVINESE, BARBARA J		NAME	Butterworth, Robert	
STREET ADDRESS	1002 SUMMERWINDS LN		STREET ADDRESS	702 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Delete	TITLE	Jupiter, FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Assistant Treasurer	
STREET ADDRESS			STREET ADDRESS	Taulbee, Tom	
CITY-ST-ZIP			CITY-ST-ZIP	502 Miramar Lane	
				Palm Beach Gardens, FL 33410-2160	

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: TOM Taulbee Taulbee, Assistant Treasurer 06/15/2000 561 627-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #