2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90023 041 ****61.25

DOCUMENT # N01279

1. Entity Name
SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
PLAZE 222 SOUTH
US HIGHWAY #1 STE #7
TEQUESTA, FL 33469 US

Mailing Address
PO BOX 31115
PALM BEACH GARDENS, FL 33420 US

03012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
P.O. BOX 3543
Suite, Apt. #, etc.
City & State
TEQUESTA FL
Zip 33469
Country

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

JOHNSON, MANCY
PLAZA 222 SOUTH
US HWY #1 STE #7
TEQUESTA, FLORIDA, FL 33469

7. Name and Address of New Registered Agent

Name NANCY E JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
SAME
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nancy E Johnson 3/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ☐ Delete MCLOUGHLIN, ANDREW 1102 SUMMERWINDS DRIVE JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marlyn Uptegrove D ☐ Change ☐ Addition 704 Summerwinds Ln Jupiter, Fl 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☒ Delete SADOW, JONE 301 SUMMERWINDS LANE JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Betty Gilbert D ☐ Change ☐ Addition 701 Summerwinds Ln Jupiter, Fl 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BOWEN, ALMA C 1404 SUMMERWINDS LANE JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Nawrocki SD ☐ Change ☐ Addition 104 Summerwinds Ln Jupiter, Fl 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S ☐ Delete LYNN, HEISSNER 1201 SUMMERWINDS LANE JUPITER, FL ~~44858~~ 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dave Dawes D ☐ Change ☐ Addition 1302 Summerwinds Ln Jupiter Fl 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Blanchard VP D ☐ Delete 401 Summerwinds Lane Jupiter, Fl 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellen Mazzotta DT ☐ Delete 1101 Summerwinds Ln Jupiter, Fl 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Andrew McLoughlin President 3/6/06 561 371-4974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #