

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90047 011 \*\*\*\*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 3543  
TEQUESTA, FL 33469 US

40019840



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2532782

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

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*

2/5/07

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, 2007

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 P/D ☐ Delete  
NAME MCLOUGHLIN, ANDREW  
STREET ADDRESS 1102 SUMMERWINDS DRIVE  
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME BLANCHARD, JACK  
STREET ADDRESS 401 SUMMERWINDS LANE  
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOWEN, ALMA C  
STREET ADDRESS 1404 SUMMERWINDS LANE  
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LYNN, HEISSNER  
STREET ADDRESS 1201 SUMMERWINDS LANE  
CITY-ST-ZIP JUPITER, FL 44358

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☒ Delete  
NAME MAZZOTTA, ELLEN  
STREET ADDRESS 1101 SUMMERWINDS LN  
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☒ Addition  
NAME DT  
STREET ADDRESS MICOLO, KIMBERLEE  
CITY-ST-ZIP 501 SUMMERWINDS LANE  
JUPITER FL 33458

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS NAWROCKI, PAT  
CITY-ST-ZIP 104 SUMMERWINDS LANE  
JUPITER FL 33458

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:

*John M. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-07

561-371-4974

Date

Daytime Phone #