2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01279

Address:

City-St-Zip:

104 SUMMERWINDS LN

JUPITER, FL 33458

FILED Feb 20, 2008 Secretary of State

Entity Name: SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PLAZE 222 SOUTH US HIGHWAY #1 STE #7 TEQUESTA, FL 33469 **New Mailing Address: Current Mailing Address:** PO BOX 3543 TEQUESTA, FL 33469 US FEI Number: 59-2532782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, NANCY E PLAZA 222 SOUTH US HWY #1 STE #7 TEQUESTA, FLORIDA, FL 33469 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MCLOUGHLIN, ANDREW HALTY, PAT Name: Name: 1102 SUMMERWINDS DRIVE Address: 18728 BIG CYPRESS DR Address: City-St-Zip: JUPITER, FL 33458 US City-St-Zip: JUPITER, FL 33458 US Title: () Delete Title: () Change () Addition BLANCHARD, JACK Name: Name: Address: 401 SUMMERWINDS LANE Address: City-St-Zip: JUPITER, FL 33458 US City-St-Zip: Title: () Delete Title: () Change () Addition BOWEN, ALMA C Name: Name: 1404 SUMMERWINDS LANE Address: Address: City-St-Zip: JUPITER, FL 33458 US City-St-Zip: Title: () Delete Title: () Change () Addition LYNN, HEISSNER Name: Name: 1201 SUMMERWINDS LANE Address: Address: City-St-Zip: JUPITER, FL 44358 US City-St-Zip: Title: DT () Delete Title: DT (X) Change () Addition MICOLO, KIMBERLEE SPENCER, VIRGINIA Name: Name: 501 SUMMERWINDS LN 801 SUMMERWINDS LN Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: JUPITER, FL 33458 Title: () Delete Title: (X) Change () Addition NAWROCKI, PAT REIS MARIE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1204 SUMMERWINDS LN

JUPITER, FL 33458

SIGNATURE: PAT HALTY P/D 02/20/2008