Entity Name: JUPITER I HOMEOWNERS ASSOCIATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210 JUPITER, FL 33477

Current Mailing Address:

DOCUMENT# 758098

C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210 JUPITER, FL 33477 US

FEI Number: 59-2264460

Name and Address of Current Registered Agent:

WASSERSTEIN, P.A. 301 YAMATO ROAD **SUITE 2199** BOCA RATON, FL 33431 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

Officer/Director Detail

Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	JULIAN, TIMOTHY	Name	KUBINSKI, THOMAS
Address	C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210	Address	C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210
City-State-Zip:	JUPITER FL 33477	City-State-Zip:	JUPITER FL 33477
Title	SECRETARY	Title	TREASURER
Name	MCKENNA, SHEILA	Name	PAWLICK, DAVID
Address	C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210	Address	C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210
City-State-Zip:	JUPITER FL 33477	City-State-Zip:	JUPITER FL 33477
Title	DIRECTOR	Title	DIRECTOR
Name	DOGGETT, DAVID	Name	INGRASSIA, ELIZABETH
Address	C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210	Address	C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210
City-State-Zip:	JUPITER FL 33477	City-State-Zip:	JUPITER FL 33477
Title	DIRECTOR		
Name	WHITE, ALAN		
Address	C/O TRITON PROPERTY MANAGEMENT 900 E INDIANTOWN ROAD SUITE 210		
City-State-Zip:	JUPITER FL 33477		

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY JULIAN

PRESIDENT

03/26/2024

FILED Mar 26, 2024 Secretary of State 9959403045CC

Certificate of Status Desired: No

Date