

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768577

Entity Name: JUPITER VILLAGE TOWN HOMES PHASE EIGHT
CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 20, 2025
Secretary of State
8786502203CC**Current Principal Place of Business:**C/O SEA BREEZE CMS
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**C/O SEA BREEZE CMS
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US**FEI Number: 59-2321667****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**IGLESIAS LAW GROUP, P.A.
15800 PINE BOULEVARD
3RD FLOOR
PEMBROKE PINES, FL 33027 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: DAVID IGLESIAS****02/20/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | PRESIDENT |
| Name | AKER, RAYMOND |
| Address | C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

| | |
|-----------------|---|
| Title | SECRETARY |
| Name | TOMRUKU, SEVI |
| Address | C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

| | |
|-----------------|---|
| Title | TREASURER |
| Name | RIVERA, HERBERTO |
| Address | C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

| | |
|-----------------|---|
| Title | DIRECTOR |
| Name | CARRIL, BRIAN |
| Address | C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

| | |
|-----------------|---|
| Title | VP |
| Name | DIPANNI, TIFFANY |
| Address | C/O SEA BREEZE CMS 4227 NORTHLAKE BLVD |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 |

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: RAYMOND AKER**PRESIDENT****02/20/2025**

Electronic Signature of Signing Officer/Director Detail

Date