

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01279

FILED
Feb 16, 2019
Secretary of State
2965089891CC**Entity Name:** SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4440 PGA BLVD, SUITE 308
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**PO BOX 3543
TEQUESTA, FL 33469 US**FEI Number: 59-2532782****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FIELDS & BACHOVE PLLC
4440 PGA BLVD STE 308
PALM BEACH GARDENS, FL 33410 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**Officer/Director Detail :**Title PRESIDENT
Name MAZZOTA, ELLEN
Address PO BOX 3543
City-State-Zip: TEQUESTA FL 33469Title VP
Name BARBARA, PAOLINE
Address PO BOX 3543
City-State-Zip: TEQUESTA FL 33469Title SECRETARY
Name RIVERA, JOSE
Address PO BOX 3543
City-State-Zip: TEQUESTA FL 33469Title DIRECTOR
Name HEISSNER, LYNN
Address PO BOX 3543
City-State-Zip: TEQUESTA FL 33469Title DIRECTOR
Name MICOLO, KIMBERLEE
Address PO BOX 3543
City-State-Zip: TEQUESTA FL 33469Title TREASURER
Name PALMER, JILL
Address PO BOX 3543
City-State-Zip: TEQUESTA FL 33469Title DIRECTOR
Name ADDINGTON, TOM
Address PO BOX 3543
City-State-Zip: TEQUESTA FL 33469

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: KIMBERLEE MICOLO**DIRECTOR****02/16/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date