

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01279

FILED
Apr 27, 2023
Secretary of State
5159627312CC**Entity Name:** SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**C/O SEA BREEZE CMS INC.
4227 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 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	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER
Name	PALMER, JILL
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	RIVERA, JOSE
Address	C/O SEA BREEZE CMS INC. 4227 NORTHLAKE BLVD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	KNOFSKY, JODIE
Address	C/O SEA BREEZE CMS INC. 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: ELLEN MAZZOTA**PRESIDENT****04/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date