

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01279

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC5843796142**

**Entity Name:** SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PLAZA 222 SOUTH  
US HIGHWAY #1 STE #7  
TEQUESTA, FL 33469

**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:**

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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HALTY, PATRICIA  
Address        1004 SUMMERWINDS LANE  
City-State-Zip: JUPITER FL 33458

Title            SECRETARY  
Name            LYNN, HEISSNER  
Address        1201 SUMMERWINDS LANE  
City-State-Zip: JUPITER FL 44358

Title            TREASURER  
Name            MAZZOTA, ELLEN  
Address        1104 SUMMERWINDS LANE  
City-State-Zip: JUPITER FL 33458

Title            VP  
Name            MICOLO, KIMBERLEE  
Address        501 SUMMERWINDS LANE  
City-State-Zip: JUPITER FL 33458

Title            DIRECTOR  
Name            HENDERSON, JENNIFER  
Address        1301 SUMMERWINDS LANE  
City-State-Zip: JUPITER FL 33458

*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:** PATRICIA HALTY

**PRESIDENT**

**02/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date