64 WILLOW RO TEQUESTA, F				
Current Ma	iling Address:			
64 WILLOW TEQUESTA	ROAD , FL 33469 US			
FEI Number: 20-2467750			Certificate of Status Desired: Yes	
Name and Address of Current Registered Agent:				
GIGANTE, LOF 64 WILLOW RO				
TEQUESTA, FI	_ 33469 US			
	- 33469 US d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of F	Florida.
The above name		stered office or regis	tered agent, or both, in the State of F	Florida. 10/07/2019
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of F	
The above name SIGNATURI	d entity submits this statement for the purpose of changing its regi E: GIGANTE, LORI A	stered office or regis	tered agent, or both, in the State of F	10/07/2019
The above name SIGNATURI	d entity submits this statement for the purpose of changing its regi E: GIGANTE, LORI A Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	10/07/2019
The above name SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regises GIGANTE, LORI A Electronic Signature of Registered Agent ctor Detail :			10/07/2019
The above name SIGNATURI Officer/Dire Title	d entity submits this statement for the purpose of changing its regises GIGANTE, LORI A Electronic Signature of Registered Agent Ctor Detail :	Title	D	10/07/2019
The above name SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regises GIGANTE, LORI A Electronic Signature of Registered Agent Ctor Detail : D NELSON, JOE 177 US HWY 1-246	Title Name	D COLE, AMY 177 US HWY 1-246	10/07/2019

## 2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010910

Entity Name: JUPITER EQUESTRIAN ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

Name

Address

City-State-Zip:

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.

MCALEES, JOSH

177 US HWY 1-246

TEQUESTA FL 33469

DORECTIR

10/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

## FILED Oct 07, 2019 **Secretary of State** 2363843263CR