

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001312

**FILED**  
**Feb 17, 2020**  
**Secretary of State**  
**4471113363CC**

**Entity Name:** JUPITER HILLS COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

11800 SE HILLS CLUB TERRACE  
TEQUESTA, FL 33469

**Current Mailing Address:**

P.O.BOX 3582  
TEQUESTA, FL 33469

**FEI Number: 80-0397809**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JACKSON, TOM  
11800 SE HILLS CLUB TERRACE  
TEQUESTA, 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: TOM JACKSON**

**02/17/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LUNSON, PATRICIA  
Address        11800 SE HILLS CLUB TERRACE  
City-State-Zip: TEQUESTA FL 33469

Title            DIRECTOR  
Name            MACKIE, CASEY  
Address        11800 SE HILLS CLUB TERRACE  
City-State-Zip: TEQUESTA FL 33469

Title            SECRETARY  
Name            MARTENS, HERBERT  
Address        11800 SE HILLS CLUB TERRACE  
City-State-Zip: TEQUESTA FL 33469

Title            TREASURER  
Name            WILLETT, JOSEPH  
Address        11800 SE HILLS CLUB TERRACE  
City-State-Zip: TEQUESTA FL 33469

Title            VP  
Name            MORELLO, MONA  
Address        11800 SE HILLS CLUB TERRACE  
City-State-Zip: TEQUESTA FL 33469

Title            DIRECTOR  
Name            MARENTIS, STEVE  
Address        11800 SE HILLS CLUB TERRACE  
City-State-Zip: TEQUESTA FL 33469

Title            DIRECTOR  
Name            REGAN, PATRICE  
Address        11800 SE HILLS CLUB TERRACE  
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: PATRICIA LUNSON**

**PRESIDENT**

**02/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date