| 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 | E: TOM JACKSON | | | 03/29/2016 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | SECRETARY | Title | PRESIDENT | |
| Name | ENGLE, NANCY | Name | LUNSON, PATRICIA | |
| Address | 11800 SE HILLS CLUB TERRACE | Address | 11800 SE HILLS CLUB TERRAC | E |
| City-State-Zip: | TEQUESTA FL 33469 | City-State-Zip: | TEQUESTA FL 33469 | |
| Title | DIRECTOR | Title | VP | |
| Name | O'NEILL, BARRY | Name | GRANDI, CHARLIE | |
| Address | 11800 SE HILLS CLUB TERRACE | Address | 11800 SE HILLS CLUB TERRAC | E |
| City-State-Zip: | TEQUESTA FL 33469 | City-State-Zip: | TEQUESTA FL 33469 | |
| Title | TREASURER | Title | DIRECTOR | |
| Name | MONTANARI, FRED | Name | HARKINS, DAVID | |
| Address | 11800 SE HILLS CLUB TERRACE | Address | 11800 SE HILLS CLUB TERRAC | E |
| City-State-Zip: | | City-State-Zip: | TEQUESTA FL 33469 | |
| | | , , , , , , , , , , , , , , , , , , , | | |
| Title | DIRECTOR | | | |
| Name | MACKIE, CASEY | | | |
| Address | 11800 SE HILLS CLUB TERRACE | | | |
| City-State-Zip: | TEQUESTA FL 33469 | | | |

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900001312

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

Name and Address of Current Registered Agent:

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

03/29/2016

Electronic Signature of Signing Officer/Director Detail

FILED Mar 29, 2016 Secretary of State CC2291443576

Certificate of Status Desired: No

Date