

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90078 001 ****61.25

| | | | | | |
|--|-----------------------------|---|--|---|--|
| DOCUMENT # 741864 | | | |  | |
| 1. Entity Name THE JUPITER HILLS HOME OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458 US | | Mailing Address C/O 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458 US | | 40072401 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 03222007 Chg-NP CR2E037 (12/06) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-1906940 Applied For Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SUNRISE MANAGE. CO. OF PALM BCHES, INC. 275 TONEY PENNA DRIVE, SUITE #7 JUPITER, FL 33458 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WEITHAS, WILLIAM | | NAME | John Pintard | |
| STREET ADDRESS | 18445 SE VILLAGE CIRCLE | | STREET ADDRESS | 12240 SE Birkdale Run | |
| CITY-ST-ZIP | TEQUESTA, FL 33469 | | CITY-ST-ZIP | | |
| TITLE | PP | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRADLEY, GEORGE | | NAME | | |
| STREET ADDRESS | 12058 SE BIRKDALE RUN 12080 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TEQUESTA, FL 33469 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAILEY, JAN | | NAME | Bernie Capaldi | |
| STREET ADDRESS | 18306 SE VILLAGE CIRCLE | | STREET ADDRESS | 11802 SE Village Circle | |
| CITY-ST-ZIP | TEQUESTA, FL 33467 | | CITY-ST-ZIP | Tequesta, FL 33469 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUDSON, MARY | | NAME | Gordon Shafer | |
| STREET ADDRESS | 12071 SE VILLAGE CIR | | STREET ADDRESS | 11842 SE Village Circle | |
| CITY-ST-ZIP | JUPITER, FL 33469 | | CITY-ST-ZIP | Teq. FL 33469 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, AROLD DR | | NAME | Mark Emerson | |
| STREET ADDRESS | 12001 SE PRESTWICK TERR | | STREET ADDRESS | 11972 SE Birkdale Run | |
| CITY-ST-ZIP | JUPITER, FL 33469 | | CITY-ST-ZIP | Teq. FL 33469 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PORTER, MARY maury | | NAME | Bob Herrick | |
| STREET ADDRESS | 12043 SE BURKDALE RUN | | STREET ADDRESS | 18205 SE Village Circle | |
| CITY-ST-ZIP | JUPITER, FL 33469 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Serge E. Stradley</u> | | | SIGNATURE: <u>GEORGE E. STRADLEY</u> Date: <u>4-3-07</u> Daytime Phone #: <u>561-748-2840</u> | | |