

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90041 036 ****61.25

DOCUMENT # 747779

1. Entity Name
**THE PINES OF JUPITER/TEQUESTA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**150 PINEVIEW RD.
CLUB HOUSE
JUPITER, FL 33469**

Mailing Address

**150 PINEVIEW RD.
CLUB HOUSE
JUPITER, FL 33469**

40039541



02082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2063614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JAHN, JOHN C
17843 WINTER HAWK TRAIL
JUPITER, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LINN, NANCY
STREET ADDRESS	150 PINEVIEW RD - H1
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	D
NAME	WRIGHT, GLENDA
STREET ADDRESS	150 PINEVIEW RD-H2
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	TSD
NAME	JAHN, JOHN <i>Debate.</i>
STREET ADDRESS	17843 WINTER HAWK TRAIL
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	D <i>Treas.</i>
NAME	WILL, CLAYTON M
STREET ADDRESS	404 LAKEWOOD COURT- #3B
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	PUGLISI, ROSE
STREET ADDRESS	150 PINEVIEW RD # 08
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	
NAME	<i>[Signature]</i>
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #