

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749648** (2)

1. Corporation Name
JUPITER VILLAGE COMMUNITY HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**900 E INDIANTOWN RD
S210
JUPITER FL 33477**

3. Date Incorporated or Qualified **11/02/1979** 3a. Date of Last Report **02/08/1994**
4. FEI Number **59-1978912** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CAMPBELL, THERESA
C/O BELL-CAMP FINANCIAL SYSTEMS
900 E INDIANTOWN RD
JUPITER FL 33477**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature of current registered agent and the incorporator) (Signature of new registered agent when necessary)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PORTER, WILLIAM L.
STREET ADDRESS	129 LAKESIDE CIR
CITY, ST, ZIP	JUPITER, FL 00000
TITLE	SD
NAME	HALE, JOHN
STREET ADDRESS	152 TIMBERLINE DRIVE
CITY, ST, ZIP	JUPITER, FL 00000
TITLE	VD
NAME	SCHWARTZ, HARRY
STREET ADDRESS	111 OAKWOOD DR
CITY, ST, ZIP	JUPITER FL
TITLE	TD
NAME	RANAZZO, JOSEPH
STREET ADDRESS	202 GREENTREE CT
CITY, ST, ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	S/VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mark Beaumont	
23 STREET ADDRESS	111 Rosewood Cr	
24 CITY, ST, ZIP	Jupiter, FL 33458	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an amendment with an address.

SIGNATURE: *Mark Beaumont* V.P./SECRETARY 4/26/95 H 743-9217
MARK BEAUMONT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4/26/95 H 747-5389