

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749648** (2)
1. Corporation Name
JUPITER VILLAGE COMMUNITY HOMEOWNERS ASSOCIATION, INC.



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 **05/01/1995**
4. FEI Number **59-1978912** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, WILLIAM L.	
STREET ADDRESS	129 LAKESIDE CIR	
CITY-ST-ZIP	JUPITER, FL 00000	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	BEAUMONT, MARK	
STREET ADDRESS	111 ROSEWOOD CIRCLE	
CITY-ST-ZIP	JUPITER, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, HARRY	
STREET ADDRESS	111 OAKWOOD DR	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RANAZZO, JOSEPH	
STREET ADDRESS	202 GREENTREE CT	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BETTY VILLHAUER	
1.3 STREET ADDRESS	138 SHERWOOD CIR 18c	
1.4 CITY-ST-ZIP	JUPITER, FL 33458	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARK BEAUMONT	
2.3 STREET ADDRESS	111 ROSEWOOD CIR	
2.4 CITY-ST-ZIP	JUPITER, FL 33458	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELAINE WIELINS	
4.3 STREET ADDRESS	176 PINWOOD CT	
4.4 CITY-ST-ZIP	JUPITER, FL 33458	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the receiver 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 if changed, or on an attachment with an address.

SIGNATURE: *Mark Beaumont* 4/25/96 407-743-9217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)