

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90108 037 \*\*\*\*61.25

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**DOCUMENT # 749648**

1. Corporation Name

**JUPITER VILLAGE COMMUNITY HOMEOWNERS ASSOCIATION, INC.**

190350 - 90108 - 37

Principal Place of Business

900 E INDIANTOWN RD  
S210  
JUPITER FL 33477

Mailing Address

900 E INDIANTOWN RD  
S210  
JUPITER FL 33477



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/02/1979

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1978912

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, THERESA  
C/O BELL-CAMP FINANCIAL SYSTEMS  
900 E INDIANTOWN RD  
JUPITER FL 33477

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE  
NAME CLARK, ED  
STREET ADDRESS 102 LAKESIDE CIRCLE  
CITY-ST-ZIP JUPITER FL

1.1 TITLE VPD ☐ Change ☒ Addition  
1.2 NAME SCHWARTZ, HARRY  
1.3 STREET ADDRESS 111 OAKWOOD DR  
1.4 CITY-ST-ZIP JUPITER, FL 33458

TITLE DP ☐ DELETE  
NAME BEAUMONT, MARK  
STREET ADDRESS 111 ROSEWOOD CIRCLE  
CITY-ST-ZIP JUPITER FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE  
NAME WIELINS, ELAINE  
STREET ADDRESS 176 PINWOOD COURT  
CITY-ST-ZIP JUPITER FL

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME CORDES, DAWN  
3.3 STREET ADDRESS 117 LAKESIDE CIR  
3.4 CITY-ST-ZIP JUPITER, FL 33458

TITLE DT ☒ DELETE  
NAME POWELL, MIKE  
STREET ADDRESS 113 BANYAN CIRCLE  
CITY-ST-ZIP JUPITER FL 33458

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME ERVIN, JANET  
4.3 STREET ADDRESS 150 GREENTREE CR  
4.4 CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 747-8814  
Date Daytime Phone #

CR2E037 (11/98)