2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # **749648** Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** JUPITER VILLAGE COMMUNITY HOMEOWNERS ASSOCIATION 06-05-2000 90010 024 ****61.25 Principal Place of Business Mailing Address 900 E INDIANTOWN RD-900 E INDIANTOWN RD S210 JUPITER FL 83477 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-1978912 Not Applicable Country Zip 5.-Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street CAMPBELL, THERESA C/O BELL-CAMP_FINANCIAL SYSTEMS 900 E INDIANTOWN RD Jupper FL 33477 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change Delete TITLE TITLE charles A. metzler SCHWARTZ, HARRY NAME NAME 122 Oakwood Driver STREET ADDRESS STREET ADDRESS 111 OAKWOOD DR CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Addition DP Delete TITLE ☐ Change TITLE BEAUMONT, MARK NAME NAME STREET ADDRESS STREET ADDRESS 111 ROSEWOOD CIRCEL CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Addition Delete TITLE ☐ Change TD TITLE Darlene A. Shaw CORDES, DAWN NAME NAME 162 Greentre Circle STREET ADDRESS STREET ADDRESS 117 LAKESIDE CIR CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 Change TITLE Delete TITLE NAME NAME ERVIN, JANET STREET ADDRESS STREET ADDRESS 150 GREENTREE CR CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or examplemental 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.