

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749648

FILED
Mar 23, 2012
Secretary of State

Entity Name: JUPITER VILLAGE COMMUNITY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8259 N MILITARY TRAIL #11
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4227 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

8259 N MILITARY TRAIL #11
PALM BEACH GARDENS, FL 33410

New Mailing Address:

4227 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

FEI Number: 59-1978912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEA BREEZE CMS, INC
8259 N MILITARY TRAIL
SUITE #11
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

SEA BREEZE CMS, INC
4227 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410 US

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:

03/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: NICHOLS, THOMAS
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD
Name: SEVCIK, MELISSA
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T
Name: GAGLIA, DENISE
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: RINDFUSZ, JARED
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: CLARK, ED
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: MARTIN, SUE
Address: 4227 NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM NICHOLS

PRES

03/23/2012

Electronic Signature of Signing Officer or Director

Date