

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749649

1. Entity Name

JUPITER VILLAGE PHASE I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8259 N MILITARY TR
SUITE 11
PBG FL 33410

8259 N MILITARY TR
SUITE 11
PBG FL 33410

2. Principal Place of Business

2581 Jupiter Park Dr

3. Mailing Address

Suite, Apt. #, etc. SAME

Suite E 3

City & State Jupiter, FL

City & State

Zip 33458

Country USA

4. FEI Number

59-1978909

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZINK, KAREN

8259 N MILITARY TR

SUITE 11

PBG FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

2581 Jupiter Park Dr

Suite E-3

City Jupiter

FL

Zip 33458

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Karen M. Link

4/3/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME JACKSON, FRANCES
STREET ADDRESS 167 LAKESIDE DR.
CITY-ST-ZIP JUPITER FL 33458

☐ Delete

TITLE VPD
NAME FISHER, VALERIE
STREET ADDRESS 121 LAKESIDE DR.
CITY-ST-ZIP JUPITER FL 33458

☐ Delete

TITLE SD
NAME BROWER, MARGARET
STREET ADDRESS 160 LAKESIDE DR.
CITY-ST-ZIP JUPITER FL 33458

☐ Delete

TITLE PD
NAME FISHER, LEROY
STREET ADDRESS 121 LAKESIDE CIRCLE
CITY-ST-ZIP JUPITER FL 33458

☐ Delete

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 supplemental 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.

SIGNATURE:

Signature Required

4/3/02

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90212 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)