

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-12-2004 90046 029 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 749649			
1. Entity Name JUPITER VILLAGE PHASE I HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 185 E. INDIANTOWN RD. STE. 127 JUPITER, FL 33477 US		Mailing Address 185 E. INDIANTOWN RD. STE. 127 JUPITER, FL 33477 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		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 PAPAGEORGE, TERRI 185 E. INDIANTOWN RD. STE. 127 JUPITER, FL 33477		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, KATHY	NAME	
STREET ADDRESS	113 LAKESIDE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEWIS, RON	NAME	
STREET ADDRESS	131 VILLAGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BELLAN, JULIE	NAME	
STREET ADDRESS	106 LAKESIDE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUNSER, COLLEEN	NAME	
STREET ADDRESS	154 VILLAGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 _____		Date 4/15-04 561 Daytime Phone # 743-5909	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			