2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #751683

1. Entity Name JUPITER LAKES TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90379 022 ****61.25

Principal Place of Business 326 JUPITER LAKES BLVD. JUPITER, FL 33468 US			Mailing Address 1340 US #1 STE 102 JUPITER, FL 33469 US			# 1001H 1001# #H	0004440 0			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212006 C	thg-NP CR	2E037 (11/05)		
City & State			City & State		4. FEI Number 59-217002	4. FEI Number Applied For 59-2170025 Not Applicable				
Zip	Country		Žip 			5. Certificate of S	Status Desired	\$8.75 Add Fee.Require		
	6. Name	and Address of Current F	legistered Agent			7. Name and Ad	dress of New Registe	red Agent		
PAPAGEO 185 E IND STE 127 JUPITER,	IANTÓWN	I RD		Name Street Addres		ress (P.O. Box Number is	s (P.O. Box Number is Not Acceptable)			
				City				FL Zip Cod		
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Filing Fe Due by N		9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees					
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10.		OFFICERS AND DIRI	ECTORS	11.		ADDITIONS/CHANG				
10. TITLE	VP	OFFICERS AND DIRI	ECTORS Delete	11.	P	>	ES TO OFFICERS AN	D DIRECTORS IN	10	
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TITLE	MCCLUN		☐ Delete	TITLE	ET ADDRESS 3	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS IN	10	
TITLE NAME	MCCLUNG 326 JUPIT	G, SUSAN	☐ Delete	TITLE NAME STREI	ET ADDRESS 3	colong, susan 26 Jupiter lak	SES TO OFFICERS AN	D DIRECTORS IN	10	
TITLE NAME STREET ADDRESS	MCCLUNG 326 JUPIT	G, SUSAN FER LAKES BLVD #2309	□ Delete	TITLE NAME STREI	ET ADDRESS 3.	cciung susan 26 Jupiter lak upiter Fl 3	 BES TO OFFICERS AN TSBIUU 2509 [BUBS	D DIRECTORS IN (24 Change	10 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

(561) 743-4607

Daytime Phone #