

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90049 002 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 751792					
1. Entity Name JUPITER VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8259 N MILITARY TR STE 11 PALM BEACH GARDENS, FL 33410 US			Mailing Address 8259 N MILITARY TR STE 11 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. Name and Address of Current Registered Agent JAMASON, BEVERLY 8259 N MILITARY TR STE 11 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name <u>JAY STEVEN LEVINE, AT-ENY</u> Street Address (P.O. Box Number is Not Acceptable) <u>3300 PGA BLVD SUITE 530</u> City <u>PALM BEACH GARDENS</u> FL <u>33410</u>		
5. 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 <u>[Signature]</u> DATE <u>2-22-08</u>					
Filing Fee is \$81.25 Due by May 1, 2008					
☐ 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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SAAD, ROBERT		NAME		
STREET ADDRESS	8259 N. MILITARY TRAIL 11		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RINDFUSZ, JARED		NAME		
STREET ADDRESS	8259 N MILITARY TRAIL #11		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33410		CITY-ST-ZIP		
TITLE	VDT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GANNIS, DAVID		NAME		
STREET ADDRESS	8259 N. MILITARY TRAIL 11		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		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 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 817, 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: <u>Jared Rindfusz, President 2/6/2008</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					