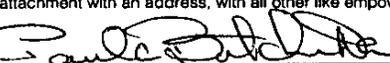


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90038 010 \*\*\*\*61.25

<b>DOCUMENT # 754355</b>					
1. Entity Name <b>JUPITER VILLAGE PHASE III HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>185 E. INDIANTOWN RD. SUITE 127 JUPITER, FL 33477</b>			Mailing Address <b>185 E. INDIANTOWN RD. SUITE 127 JUPITER, FL 33477</b>		
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. FEI Number <b>59-2261398</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PAPAGEORGE, TERRI 185 E INDIANTOWN ROAD SUITE 127 JUPITER, FL 33477</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ARNOLD		NAME	Jessie Bingham	
STREET ADDRESS	200 WOODLAKE DRIVE		STREET ADDRESS	106 Banyan Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter Fl 33458	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, SONNY		NAME	Ray Faw	
STREET ADDRESS	209 WOODLAKE DRIVE		STREET ADDRESS	160 Banyan Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter Fl 33458	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, HEATHER		NAME	Paula Butcher-Narine	
STREET ADDRESS	171 BANYAN CIR.		STREET ADDRESS	129 Banyan Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter Fl 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAW, RAY E		NAME	Mary Diaz	
STREET ADDRESS	160 BANYAN CIRCLE		STREET ADDRESS	134 Banyan Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter Fl 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARINE, PHILLIP		NAME	Rick Wexler	
STREET ADDRESS	129 BANYAN CIRCLE		STREET ADDRESS	166 Banyan Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter Fl 33458	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARINE, PAULA		NAME	Ray Thomas	
STREET ADDRESS	129 BANYAN CIR.		STREET ADDRESS	102 Banyan Circle	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Jupiter Fl 33458	
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: 			PAULA Butcher-NARINE 2/8/08 561-329-5748		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

