

# 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> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable       </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PAPAGEORGE, TERRI</b> <b>185 E INDIANTOWN ROAD</b> <b>SUITE 127</b> <b>JUPITER, FL 33477</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="text-align: right;"><b>FL</b></div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	ROSS, ARNOLD				
STREET ADDRESS	200 WOODLAKE DRIVE				
CITY - ST - ZIP	JUPITER, FL 33458				
TITLE	VPD	<input checked="" type="checkbox"/> Delete			
NAME	RUSSELL, SONNY				
STREET ADDRESS	209 WOODLAKE DRIVE				
CITY - ST - ZIP	JUPITER, FL 33458				
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	ANDERSON, HEATHER				
STREET ADDRESS	171 BANYAN CIR.				
CITY - ST - ZIP	JUPITER, FL 33458				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	FAW, RAY E				
STREET ADDRESS	160 BANYAN CIRCLE				
CITY - ST - ZIP	JUPITER, FL 33458				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	NARINE, PHILLIP				
STREET ADDRESS	129 BANYAN CIRCLE				
CITY - ST - ZIP	JUPITER, FL 33458				
TITLE	TD	<input checked="" type="checkbox"/> Delete			
NAME	NARINE, PAULA				
STREET ADDRESS	129 BANYAN CIR.				
CITY - ST - ZIP	JUPITER, FL 33458				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Jessie Bingham				
STREET ADDRESS	106 Banyan Circle				
CITY - ST - ZIP	Jupiter Fl 33458				
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Ray Faw				
STREET ADDRESS	160 Banyan Circle				
CITY - ST - ZIP	Jupiter Fl 33458				
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Paula Butcher-Narine				
STREET ADDRESS	129 Banyan Circle				
CITY - ST - ZIP	Jupiter Fl 33458				
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Mary Diaz				
STREET ADDRESS	134 Banyan Circle				
CITY - ST - ZIP	Jupiter Fl 33458				
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Rick Wexler				
STREET ADDRESS	166 Banyan Circle				
CITY - ST - ZIP	Jupiter Fl 33458				
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Ray Thomas				
STREET ADDRESS	102 Banyan Circle				
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.					
<b>SIGNATURE:</b> <u>Paula Butcher-Narine</u> <b>PAULA BUTCHER-NARINE</b> 2/8/08 561-329-5248 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					