FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:07

DOCUMENT # 755559 (2)

1. Corporation Name
JUPITER VILLAGE PHASE V HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
900 E INDIANTOWN RD,210,JUPITER,FL33477 POST OFFICE BOX 3796 TEQUESTA FL 33469	900 E INDIANTOWN RD,210,JUPITER,FL33477 POST OFFICE BOX 3796 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1980
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2199604 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CAMPBELL, THERESA
900 E INDIANTOWN RD,210,JUPITER,FL33477
POST OFFICE BOX 3796
TEQUESTA FL 33469-7796

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARKIN, JEFF	1.2 NAME	LABOVICK, BRIAN	
STREET ADDRESS	117 TIMBERLINE DRIVE	1.3 STREET ADDRESS	112 TIMBERLINE RD	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	ALANZO, KEN	2.2 NAME	MARTIN, BRUCE	
STREET ADDRESS	101 TIMBERLINE DR	2.3 STREET ADDRESS	115 TIMBERLINE RD	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	JUPITER FL 33458	
TITLE	PD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	CRAWFORD, ROBERT	3.2 NAME	DUNN, CHARLES	
STREET ADDRESS	100 BRIARWOOD CT.	3.3 STREET ADDRESS	119 TIMBERLINE RD	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER FL 33458	
TITLE	SD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	LAAKSONEN, JUDY	4.2 NAME	STERRY, MIKE	
STREET ADDRESS	124 TIMBERLINE DRIVE	4.3 STREET ADDRESS	140 TIMBERLINE RD	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	JUPITER FL 33458	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: _____ 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRIAN LABOVICK