

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 755559 (2)

1. Corporation Name

JUPITER VILLAGE PHASE V HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

900 E INDIANTOWN RD.210,JUPITER,FL33477  
POST OFFICE BOX 3796  
TEQUESTA FL 33469

Mailing Address

900 E INDIANTOWN RD.210,JUPITER,FL33477  
POST OFFICE BOX 3796  
TEQUESTA FL 33469

3. Date Incorporated or Qualified  
12/16/1980

3a. Date of Last Report  
02/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2199604

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	LABOVICK, BRIAN	112 TIMBERLINE RD	JUPITER FL	<input checked="" type="checkbox"/>
	MARTIN, BRUCE	115 TIMBERLINE RD	JUPITER FL	<input checked="" type="checkbox"/>
	DUNN, CHARLES	119 TIMBERLINE RD	JUPITER FL	<input checked="" type="checkbox"/>
	STERRY, MIKE	120 TIMBERLINE RD	JUPITER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
11	LABOVICK, BRIAN	112 TIMBERLINE RD	JUPITER FL
12	MARTIN, BRUCE	115 TIMBERLINE RD	JUPITER FL
13	DUNN, CHARLES	119 TIMBERLINE RD	JUPITER FL
14	STERRY, MIKE	120 TIMBERLINE RD	JUPITER FL
15			
16			
17			
18			
19			
20			

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	LABOVICK, BRIAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LABOVICK, BRIAN	
13 STREET ADDRESS	112 TIMBERLINE RD	
14 CITY-ST-ZIP	JUPITER FL	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	ROBERT CRAWFORD	
23 STREET ADDRESS	100 BRIARWOOD CT	
24 CITY-ST-ZIP	JUPITER, FL 33458	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STERRY, MIKE	
43 STREET ADDRESS	120 TIMBERLINE RD	
44 CITY-ST-ZIP	JUPITER, FL 33458	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

300001883433  
-07/03/96--01051--039  
\*\*\*61.25

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)(k), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Labovick

4/20/96

Date

Daytime Phone #

CR2E037 (12/95)