


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755559 (2)
1. Corporation Name
JUPITER VILLAGE PHASE V HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 800 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
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3. Date Incorporated or Qualified
12/16/1980

4. FEI Number 59-2199604	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSANDER, ROBERT	1.2 NAME	
STREET ADDRESS	161 TIMBERLINE RD	1.3 STREET ADDRESS	5.00002553735---
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	-06/03/98--01121--007
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, ROBERT	2.2 NAME	Y/P/D GANNIS DAVID
STREET ADDRESS	180 BRIARWOOD CT	2.3 STREET ADDRESS	140 TIMBERLINE
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	JUPITER FL.
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEY LAARSONEN	3.2 NAME	SEC./D DICKINSON ELINOR
STREET ADDRESS	124 TIMBERLINE DR	3.3 STREET ADDRESS	114 TIMBERLINE DR.
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER FL.
TITLE	TO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN ALONZO	4.2 NAME	
STREET ADDRESS	101 BRIARWOOD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 address.

SIGNATURE:

David L. Gannis **DAVID L. GANNIS**

FILED

98 JUN -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CP2E037 (10/97)