

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755559

1. Entity Name

JUPITER VILLAGE PHASE V HOMEOWNERS ASSOCIATION.

Principal Place of Business

900 E INDIANTOWN RD. 210, JUPITER, FL 33477  
POST OFFICE BOX 3796  
TEQUESTA FL 33469

Mailing Address

900 E INDIANTOWN RD. 210, JUPITER, FL 33477  
POST OFFICE BOX 3796  
TEQUESTA FL 33469-1012

2. Principal Place of Business

8259 N. Military Tr

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite 11

Suite, Apt. #, etc.

City & State

PBB, FL

City & State

Zip

33410 USA

Zip

Country

4. FEI Number

59-2199604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, THERESA  
900 E INDIANTOWN RD. 210, JUPITER, FL 33477  
POST OFFICE BOX 3796  
TEQUESTA FL 33469-7796

7. Name and Address of New Registered Agent

Name

Karen Zink  
8259 N. Military Trail  
Suite 11  
PBB FL 33410

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.

SIGNATURE

Karen Zink

4/18/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PASSANDER, ROBERT 161 TIMBERLINE RD JUPITER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GANNIS, DAVID 140 TIMBERLINE JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKINSON, ELINOR 114 TIMBERLINE DR JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GANNIS, DAVID 140 TIMBERLINE DRIVE JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DICKINSON, ELINOR 114 TIMBERLINE DRIVE JUPITER, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ZEBEDEE, MARIANNE 117 TIMBERLINE DRIVE JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

DAVID L. GANNIS

4-30-00 (561) 575-7136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)