2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 03, 2002 8:00 am Secretary of State DOCUMENT # **755559** 1. Entity Name 06-03-2002 91165 030 ****61.25 JUPITER VILLAGE PHASE V HOMEOWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 8259 N MILITARY TRAIL, SUITE 11 8259 N MILITARY TRAIL, SUITE 11 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2199604 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name GANNIS d IVAC Street Address (P.O. Box Number is Not Acceptable) ZINK, KAREN 8259 N MILITARY TRAIL, SUITE 11 40 Timberline DRIVE PALM BEACH GARDENS FL 33410 Zip Code 33458 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE CR2E037 (9/01) ☐ Delete TITLE Channe ☐ Addition NAME GANNIS, DAVID NAME STREET ADDRESS 140 TIMBERLINE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE VPD Delete TITLE Change ☐ Addition NAME DEFELIX, STEVEN NAME STREET ADDRESS STREET ADDRESS 111 CHADWICK DR CITY-ST-ZIP CITY-ST-ZIF jupiter fl 33458 TITLE SD TITLE ☐ Delete Change ☐ Addition NAME DICKINSON, ELINOR NAME STREET ADDRESS 114 TIMBERLINE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition Peffer, Edward NAME NAME STREET ADDRESS 148 TIMBERLINE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP