

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90139 045 \*\*\*\*61.25

**DOCUMENT # 755559**

1. Entity Name

**JUPITER VILLAGE PHASE V HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**8259 N MILITARY TRAIL, SUITE 11  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address

**8259 N MILITARY TRAIL, SUITE 11  
PALM BEACH GARDENS FL 33410  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

Name

**BEVERLEY JAMASON**

Street Address (P.O. Box Number is Not Acceptable)

**8259 N. MILITARY TRAIL, #11**

City

**PALM BCH. Gdns**

FL

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*B. Jamason*

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

(NOTE: Registered Agent signature required when reinstating)

**3/31/05**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | PD                | <input checked="" type="checkbox"/> Delete |
| NAME           | GANNIS, DAVID     |  |
| STREET ADDRESS | 140 TIMBERLINE DR |  |
| CITY-ST-ZIP    | JUPITER FL 33458  |  |
| TITLE          | SD                | <input checked="" type="checkbox"/> Delete |
| NAME           | DICKINSON, ELINOR |  |
| STREET ADDRESS | 114 TIMBERLINE DR |  |
| CITY-ST-ZIP    | JUPITER FL 33458  |  |
| TITLE          | TD                | <input checked="" type="checkbox"/> Delete |
| NAME           | SEYMEN, DUANE     |  |
| STREET ADDRESS | 109 CHAMICK DR    |  |
| CITY-ST-ZIP    | JUPITER FL 33458  |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | President                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ben H. HEBNER                  |  |
| STREET ADDRESS | 8259 N. MILITARY TR, STE 11    | <input checked="" type="checkbox"/> Delete                                   |
| CITY-ST-ZIP    | Palm Beach Gardens, FL 33410   |  |
| TITLE          | President                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Alicia Cowan                   |  |
| STREET ADDRESS | 8259 N. Military TR, STE 11    |  |
| CITY-ST-ZIP    | Palm Bch. Gdns, FL 33410       |  |
| TITLE          | Treasurer/Secretary            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Linda McDermott                |  |
| STREET ADDRESS | 8259 N. MILITARY TR, STE 11    |  |
| CITY-ST-ZIP    | Palm Bch. Gdns., FL 33410      |  |
| TITLE          | Vice President + Director      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ken Hionso                     |  |
| STREET ADDRESS | 8259 N. Military Trail, STE 11 |  |
| CITY-ST-ZIP    | Palm Bch. Gdns, FL 33410       |  |
| TITLE          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Stuart Lieberman               |  |
| STREET ADDRESS | 8259 N. Military TR., STE 11   |  |
| CITY-ST-ZIP    | Palm Bch Gdns, FL 33410        |  |
| TITLE          | D TRACY PASANDER               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CUBA PASANDER                  |  |
| STREET ADDRESS | 8259 N. MILITARY TR, STE 11    |  |
| CITY-ST-ZIP    | Palm Bch. Gdns, FL 33410       |  |

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:

*Alicia Cowan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/05**

Date

**626.0917**

Daytime Phone #