## 2008 NOT-FOR-PROFIT CORPORATION

## Mar 06, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #755559** 03-06-2008 90047 003 \*\*\*\*61.25 1. Entity Name JUPITER VILLAGE PHASE V HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 7 U U U U U U ~ \* 8259 N MILITARY TRAIL, SUITE 11 8259 N MILITARY TRAIL, SUITE 11 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 US IIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 01212008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-2199604 Not Applicable Zip Country Zip 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 JAMASON, BEVERLEY 8259 N. MILITARY TRAIL 11 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33410 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition COWAN, ALISON NAME NAME STREET ADDRESS 8259 N. MILITARY TRAIL, SUITE 11 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MCDERMOTT, LINDA NAME NAME STREET ADDRESS 8259 N. MILITARY TRAIL, SUITE 11 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-7iP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition ALONSO, KEN NAME NAME STREET ADDRESS 8259 N. MILITARY TRAIL, SUITE 11 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition LIEBERMAN, STUART NAME NAME STREET ADDRESS 8259 N. MILITARY TRAIL, SUITE 11 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition PASSANDER, TRACY NAME STREET ADDRESS 8259 N. MILITARY TRAIL, SUITE 11 STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

Man SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #