

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755559

FILED
Apr 16, 2009
Secretary of State

Entity Name: JUPITER VILLAGE PHASE V HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SUNCOAST MANAGEMENT LLC
17 LISA LANE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

C/O SUNCOAST MANAGEMENT LLC
17 LISA LANE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 59-2199604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, RITA
C/O SUNCOAST MANAGEMENT LLC
17 LISA LANE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COWAN, ALISON
Address: 17 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: TS () Delete
Name: MCDERMOTT, LINDA
Address: 17 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: VD () Delete
Name: ALONSO, KEN
Address: 17 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: LIEBERMAN, STUART
Address: 17 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: PASSANDER, TRACY
Address: 17 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DENISE, PASSANDER
Address: 17 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LIEBERMAN, STUART
Address: 17 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COWAN SR, DAVID
Address: 17 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON COWAN

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date