

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755560 (0)**  
1. Corporation Name  
**JUPITER VILLAGE PHASE VI HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**900 W. INDIANTOWN RD #210, JUPITER, FL  
P.O. BOX 3796  
TEQUESTA FL 33469-7796**

Mailing Address  
**900 W. INDIANTOWN RD #210, JUPITER, FL  
P.O. BOX 3796  
TEQUESTA FL 33469-7796**

3. Date Incorporated or Qualified  
**12/16/1980**

3a. Date of Last Report  
**02/28/1995**

4. FEI Number  
**59-2251711**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**CAMPBELL, THERESA  
900 W. INDIANTOWN RD #210  
JUPITER FL 33477**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>RUSSO, DON</b>	
STREET ADDRESS	<b>115 SHERWOOD CIR 25-C</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	<b>IMBERTSON, JACKIE</b>	
STREET ADDRESS	<b>115 SHERWOOD CIR 26-A</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>VASQUEZ, CHUCK</b>	
STREET ADDRESS	<b>112 SHERWOOD CIR 5-A</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	SD	<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		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VASQUEZ, CHUCK</b>
3.3 STREET ADDRESS	<b>132 SHERWOOD CIR 15B</b>
3.4 CITY-ST-ZIP	<b>JUPITER, FL 33458</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SD</b>
4.3 STREET ADDRESS	<b>RIVERA, MICHELLE</b>
4.4 CITY-ST-ZIP	<b>124 SHERWOOD CIR JUPITER, FL 33458</b> <b>11A</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TD</b>
5.3 STREET ADDRESS	<b>GOSSETT, MIKE</b>
5.4 CITY-ST-ZIP	<b>114 SHERWOOD CIR 6A JUPITER, FL 33458</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 if at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Donald Russo President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/96 407-575-0493**  
Date Daytime Phone #

CR2E037 (12/95)