FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 08, 2002 8:00 am § Secretary of State DOCUMENT # **755560** 04-08-2002 90230 004 ****61.25 JUPITER VILLAGE PHASE VI HOMEOWNERS ASSOCIATION. Principal Place of Business Mailing Address 8259 N MILITARY TB 8259 N MILIPARY TR UUUUUUU SUITE 11 SUITE 11 WEST PALM BEACH FL 33410 WEST PALM BEACH FL 33410 Principal Place of Business Mailing Address amo Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-2251711 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZINK, KAREN 8259 N MILITARY TR -SUITE TT PALM BCH GDN FL 33410 8. The above named entity submits this statement for the purpose of changing its registered office in the state of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Change RUSSO, DON NAME NAME STREET ADDRESS 115 SHERWOOD CIR 25-C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL Change SD Delete TITLE ☐ Addition NAME VILLHAUER, BETTY NAME STREET ADDRESS STREET ADDRESS 138 SHERWOOD CR 18C CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Change TITLE Delete TITLE ☐ Addition CRAWFORD, RODNEY NAME NAME STREET ADDRESS STREET ADDRESS 107 SHERWOOD CIR 23A CITY-ST-ZIP JUPITER FL 33458 TITLE ☐ Delete TITLE - Change ☐ Addition CAREY, EILEEN NAME NAME STREET ADDRESS STREET ADDRESS 126 SHERWOOD CR 12A CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Thomas Moore D Change Addition 2581 Jup. ParkOr E-3 TITLE - Delete TITLE NAME MCGARAH, DONALD NAME STREET ADDRESS STREET ADDRESS 108 SHERWOOD CR 3A CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.