2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 25, 2004 8:00 am Secretary of State

DOCUMENT # 755560 1. Entity Name JUPITER VILLAGE PHASE VI HOMEOWNERS ASSOCIATION, INC.					08-25-2004 9000	04 047 ****6	51.25	
Principal Place P.O. BOX 58: JUPITER, FL	2	Mailing Address P.O. BOX 582 JUPITER, FL 33468 US	5		and the second s	540698		
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite. Apt. #, etc.		07312004 CI	ng-NP CR2	E037 (10/03)		
City & State		City & State		4. FEI Number 59-225171	1		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Addi	itional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Register	red Agent		
ZINK, KAR	REN		Name					
12214 61S	ST LANE N LM BEACH, FL 33412		Street Address (P.O. Box Number is Not Acceptable)			
WESTIA	LIM BEAON, I'E 95412							
			City			Zip Code	3	
the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of changing its reg	gistered office or reg	sistered agent, or both, in	the State of Florida. I	am familiar with, a	and accept	
SIGNATURE .				- · · · · · - · · · · · · · · · · · · ·				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature re	quired when reinstating)	DA	TE .	 -	
	Signature, typed or printed name of registered agent : Filling Fee is \$61.25 ue by September 8, 2004	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make ch	neck payable to		
	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIF	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make ch	neck payable to partment of St	ate	
Dı	Filing Fee is \$61.25 ue by September 8, 2004	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Make ch Florida De	neck payable to partment of St	ate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIF PD RUSSO, DON 115 SHERWOOD CIR 25-C	9. Election Campa Trust Fund Con	aign Financing tribution. 11. ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make ch Florida De	neck payable to partment of Sta	10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIF PD RUSSO, DON 115 SHERWOOD CIR 25-C JUPITER, FL D RUSSO, CELIA 106 SHERWOOD CIR 2B	9. Election Campa Trust Fund Con BECTORS Delete Delete	aign Financing tribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make ch Florida De	neck payable to epartment of Str D DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIF PD RUSSO, DON 115 SHERWOOD CIR 25-C JUPITER, FL D RUSSO, CELIA 106 SHERWOOD CIR 2B JUPITER, FL 33458 D JETTINGHOFF, CHRISTOPHER 113 SHERWOOD CIR 25B	9. Election Campa Trust Fund Con BECTORS Delete Delete	AIGN Financing tribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANG Iterbent Sc 112-50 Sh Territer, F1.	Make ch Florida De ES TO OFFICERS AND	D DIRECTORS IN Change Change	10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DIF PD RUSSO, DON 115 SHERWOOD CIR 25-C JUPITER, FL D RUSSO, CELIA 106 SHERWOOD CIR 2B JUPITER, FL 33458 D JETTINGHOFF, CHRISTOPHER 113 SHERWOOD CIR 25B JUPITER, FL 33458 D SCHENCK, THOMAS 130 SHERWOOD CIR 14A	9. Election Campa Trust Fund Con BECTORS Delete Delete	AIGN FINANCING TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make ch Florida De ES TO OFFICERS AND hwi Med enwisd Cin.	Change	Addition Addition	

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #