

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 768577 1. Entity Name JUPITER VILLAGE TOWN HOMES PHASE EIGHT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 154 SIMS CREEK LANE JUPITER FL 33455			Mailing Address P.O. BOX 353 JUPITER FL 33468		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2321667	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, ERIC G 154 SIMS CREEK LANE JUPITER FL 33458				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASEL, KEITH 712 US HWY 1, STE 230 NORTH PALM BEACH FL 33408 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition HD0000418023 02/11/06-80108-003 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEEDLE, MARY 407 LAKEWONE CT, 5C JUPITER FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYLAN, KAREN 407 LAKEWOOD CT 5-D JUPITER FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTELL, SHIRLEY 407 LAKEWOOD CT, 5A JUPITER FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASTELLA, LOUIS 407 LAKEWOOD CT, 5A JUPITER FL 33458 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PAID
JAN 25 2006
BY: 3193
61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Shirley Lastella* 27 Jan 2006 561/575-60: