


FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90028 004 ****61.25

DOCUMENT # N01000000694				Secretary of State 03-16-2005 90028 004 ****61.25	
1. Entity Name THE FRIENDS OF NORTH PALM BEACH HEIGHTS OF JUPITER, INC.					
Principal Place of Business POST OFFICE BOX 2233 JUPITER, FL 33458		Mailing Address POST OFFICE BOX 2233 JUPITER, FL 33458			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1103389	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BIGGAN, MICHAEL 6382 LESLIE STREET JUPITER, FL 33458				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005.		9. Election Campaign Financing <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	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BIGGAN, MICHAEL		STREET ADDRESS		
CITY-ST-ZIP	6382 LESLIE STREET JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	DVC TRACHE, JAMES		STREET ADDRESS	Steve Mickley	
CITY-ST-ZIP	6398 LESLIE STREET JUPITER, FL 33458		CITY-ST-ZIP	6446 Revell Circle South Jupiter FL 33458	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DT DIXON, KELLY		STREET ADDRESS		
CITY-ST-ZIP	15133 HARRIET AVENUE JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DS HEE, CHRISTINA L		STREET ADDRESS		
CITY-ST-ZIP	6160 LESLIE ST JUPITER, FL 33469		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5 Mar 2005 561 3104291 <small>Date Daytime Phone #</small>		