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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N01279 (1)

1. Corporation Name

SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
C/O SHERRY L. COOPER 725 NORTH A1A, SUITE B102 JUPITER FL 33477 US	POST OFFICE BOX 9164 535 EAST INDIANTOWN ROAD JUPITER FL 33468-9164 US

3. Date Incorporated or Qualified: 02/07/1984
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2532782 ☐ 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

9. Name and Address of Current Registered Agent

TAULBEE, TOM
502 MIRAMAR LANE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☑ DELETE	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	DAILEY, MARY LOU		1.2 NAME	Brown, Walker	
STREET ADDRESS	401 SUMMERWINDS LANE		1.3 STREET ADDRESS	903 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	Jupiter, FL	
TITLE	D	☑ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	BERISH, RICHARD		2.2 NAME	Hodas, Thomas	
STREET ADDRESS	802 SUMMERWINDS LANE		2.3 STREET ADDRESS	904 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	Jupiter, FL	
TITLE	DVP	☐ DELETE	3.1 TITLE	DS	☑ Change ☐ Addition
NAME	UPTHEGROVE, WILLIAM		3.2 NAME	Wheeler, Dolores	
STREET ADDRESS	704 SUMMERWINDS LN		3.3 STREET ADDRESS	803 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP	Jupiter, FL	
TITLE	DT	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	GILBERT, LEONARD		4.2 NAME	Parks, Diane	
STREET ADDRESS	701 SUMMERWINDS LANE		4.3 STREET ADDRESS	804 Summerwinds Lane	
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP	Jupiter, FL	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	SPENCER, VIRGINIA		5.2 NAME	St. Julien, Lynda	
STREET ADDRESS	801 SUMMERWINDS LANE		5.3 STREET ADDRESS	304 Summerwinds Land	
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DS	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HABER, CAROL		6.2 NAME		
STREET ADDRESS	501 SUMMERWINDS LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/23/97 561-840-24[illegible]