

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90191 034 \*\*\*\*61.25

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**DOCUMENT # N01279**

1. Corporation Name

**SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, I  
NC.**

221948 - 90191 - 34

Principal Place of Business

C/O SHERRY L. COOPER  
725 NORTH ALA. SUITE B102  
JUPITER FL 33477  
US

Mailing Address

POST OFFICE BOX 9164  
535 EAST INDIANTOWN ROAD  
JUPITER FL 33468  
US

2. Principal Place of Business

21 802 Summerwinds Lane

2a. Mailing Address

26 P O Box 31115

3. Date Incorporated or Qualified

02/07/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2532782

Applied For

Not Applicable

22 Jupiter, Florida

27 Palm Beach Gardens, Florida

City &amp; State

City &amp; State

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

23 33458 USA

28 33420-1115 USA

Zip Country

Zip Country

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAULBEE, TOM  
502 MIRAMAR LANE  
PALM BEACH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME ~~WHEELER, DOLORES~~  
STREET ADDRESS 803 SUMMERWINDS LANE  
CITY-ST-ZIP JUPITER FL 334581.1 TITLE PD ☒ Change ☐ Addition1.2 NAME Berish, Richard  
1.3 STREET ADDRESS 802 Summerwinds Lane  
1.4 CITY-ST-ZIP Jupiter, FL 33458TITLE DS ☐ DELETENAME ~~PARKS, DIANE~~  
STREET ADDRESS 804 SUMMERWINDS LANE  
CITY-ST-ZIP JUPITER FL 334582.1 TITLE DVP ☒ Change ☐ Addition2.2 NAME Reis, Marie  
2.3 STREET ADDRESS 1204 Summerwinds Lane  
2.4 CITY-ST-ZIP Jupiter, FL 33458TITLE DVP ☐ DELETENAME ~~JANIS, MICHAEL~~  
STREET ADDRESS 901 SUMMERWINDS LANE  
CITY-ST-ZIP JUPITER FL 334583.1 TITLE DT ☒ Change ☐ Addition3.2 NAME Blanchard, John H.  
3.3 STREET ADDRESS 404 Summerwinds Lane  
3.4 CITY-ST-ZIP Jupiter, FL 33458TITLE DT ☐ DELETENAME ~~GILBERT, LEONARD~~  
STREET ADDRESS 701 SUMMERWINDS LANE  
CITY-ST-ZIP JUPITER FL4.1 TITLE D ☒ Change ☐ Addition4.2 NAME Nessmith, Paula F.  
4.3 STREET ADDRESS 1401 Summerwinds Lane  
4.4 CITY-ST-ZIP Jupiter, FL 33458TITLE D ☐ DELETENAME ~~BELL, KARIN~~  
STREET ADDRESS 902 SUMMERWINDS DR  
CITY-ST-ZIP JUPITER FL 334585.1 TITLE DS ☒ Change ☐ Addition5.2 NAME Gravinese, Barbara J.  
5.3 STREET ADDRESS 1002 Summerwinds Lane  
5.4 CITY-ST-ZIP Juupiter, FL 33458TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

J. H. BLANCHARD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

561 746-9401  
Daytime Phone #

CR2E037 (11/98)