

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01279

1. Entity Name

SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10002 SUMMERWINDS LANE
JUPITER FL 33458
US

Mailing Address

PO BOX 31115
PALM BEACH GARDENS FL 33420-1115
US

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

59-2532782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TAULBEE, TOM~~
502 MIRAMAR LANE
PALM BEACH GARDENS FL 33410

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BERISH, RICHARD
STREET ADDRESS 802 SUMMERWINDS LN
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME SPENCER, VIRGINIA
STREET ADDRESS 801 SUMMERWINDS LANE
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MATHEWS, DAVID
STREET ADDRESS 301 SUMMER WINDS LANE
CITY-ST-ZIP JUPITER FL 33458

TITLE PD ☒ Change ☐ Addition
NAME Matthews, David
STREET ADDRESS 301 Summerwinds Lane
CITY-ST-ZIP Jupiter, FL 33458

TITLE D ☐ Delete
NAME BUTTERWORTH, ROBERT C
STREET ADDRESS 702 SUMMER WINDS LANE
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MAZZOLA, ELLEN
STREET ADDRESS 1104 SUMMER WINDS LANE
CITY-ST-ZIP JUPITER FL 33458

TITLE S/D ☒ Change ☐ Addition
NAME Jaime C. Lee
STREET ADDRESS 602 Summerwinds Lane
CITY-ST-ZIP Jupiter, FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

TOM Taulbee **TOM Taulbee, Assistant Treasurer** 04/26/02 561-627-5677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE