2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01279

FILED Mar 31, 2005 Secretary of State

Entity Name: SUMMERWINDS OF JUPITER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

502 MIRAMAR LANE PLAZE 222 SOUTH

PALM BEACH GARDENS, FL 33410 US US HIGHWAY #1 STE #7 TEQUESTA, FL 33469 US

Current Mailing Address: New Mailing Address:

PO BOX 31115 PO BOX 31115

PALM BEACH GARDENS, FL 334201115 US PALM BEACH GARDENS, FL 33420 US

FEI Number: 59-2532782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAULBEE, TOM JOHNSON, MANCY 502 MIRAMAR LANE PLAZA 222 SOUTH

PALM BEACH GARDENS, FL 33410 US US HWY #1 STE #7 TEQUESTA, FLORIDA, FL 33469 US

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: NANCY JOHNSON 03/31/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D/T
 () Delete
 Title:
 P/D
 (X) Change () Addition

 Name:
 PALMER, JILL
 Name:
 MCLOUGHLIN, ANDREW

 Address:
 902 SUMMERWINDS LANE
 Address:
 1102 SUMMERWINDS DRIVE

City-St-Zip: JUPITER, FL 33458 US City-St-Zip: JUPITER, FL 33458 US

Title: D () Delete Title: DT (X) Change () Addition Name: BERISH, RICHARD Name: SADOW, JONE

Name: BERISH, RICHARD Name: SADOW, JONE
Address: 802 SUMMER WINDS LANE Address: 301 SUMMERWINDS LANE
City-St-Zip: JUPITER, FL 33458 US City-St-Zip: JUPITER, FL 33458 US

Title: D/P () Delete Title: D (X) Change () Addition

Name:BUTTERWORTH, ROBERT CName:BOWEN, ALMA CAddress:702 SUMMER WINDS LANEAddress:1404 SUMMERWINDS LANECity-St-Zip:JUPITER, FL 33458 USCity-St-Zip:JUPITER, FL 33458 US

Title: D/S () Delete Title: () Change () Addition

 Name:
 LYNN, HEISSNER
 Name:

 Address:
 1201 SUMMERWINDS LANE
 Address:

 City-St-Zip:
 JUPITER, FL 44358 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONE SADOW MRS. 03/31/2005