2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2006 8:00 am Secretary of State

03-24-2006 90023 041 ****61.25

1. Entity Name SUMMER	MENT # N01279 WINDS OF JUPITER HOME TION, INC.	EOWNERS			03-24-2006	90023 041		.23
Principal Place of Business Mailing Address PLAZE 222 SOUTH PO BOX 31115 US HIGHWAY #1 STE #7 PALM BEACH GARDER TEQUESTA, FL 33469 US		-	, FL 33420 U	_ 1		TU #190 DOTK DIDU \$1	IN BINSI BARII	
2. Principal Place of Business		3. Mailing Address P · O. BOX 3543 Suite, Apt. #, etc.		3				
Suite, Apt. #, etc.				03012006	03012006 Chg-NP CR2E037 (11/05)			
City & State)	City & State	A FL	4. FEI Numbe 59-2532				plied For t Applicable
Zip	Country	33469	Country		of Status Desired	Fee	.75 Addi Required	
	- 6. Name and Address of Current R	legistered Agent~	Name .		Address of New		nt	-
JOHNSON	MANCY			JANCY E	JOHN.			
PLAZA 222	SOUTH		Street Ad	ddress (P.O. Box Numbe	r is Not Acceptab	ile)		
US HWY #	1 STE #7 A, FLORIDA, FL 33469		-	5AM	2			
	,, · · · , · · ·		City			FL	Zip Code)
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registered agent, or both	n, in the State of F	Porida. I am fam	iliar with, a	and accept
						,		
SIGNATURE .	Diana Egoliusa Stanature, typed or printed name of recistered agent as	nd little if applicable. (NOTE	: Registered Agent signat.	ure required when reinstating)	3/	/15/04 DATE		
SIGNATURE .	Diana E Johnson Signature, hyperd or printed name of registered agent as Filling Fee is \$61.25	9. Election Carr	npaign Financing	\$5.00 May B	, ,	Make check pa	-	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	, I	Make check partine	ent of Sta	ate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 attactment within address, with all their like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew McLaylin Breaded

31600

Date

Daytime Phone #