

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N02000001653	
1. Entity Name JUPITER CREEK PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1102 W. INDIANTOWN RD 7 JUPITER, FL 33458	Mailing Address C/O GOUVERT PO BOX 273445 BOCA RATON, FL 33427
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DO NOT WRITE IN THIS SPACE



03012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2073218	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOUVERT, DOLORES 6842 BRIDLEWOOD CT BOCA RATON, FL 33433
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

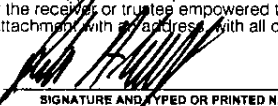
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000851076 03/25/08-80023-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CULLIFER, RICHARD H 658 W INDIANTOWN RD, STE 204 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSEN, PETER M 1102 W INDIANTOWN RD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COHEN, HOWARD 9695 W. BROWARD BLVD JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REID, JAX 1102 N INDIAN TOWN RD. #5 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 attachment with an address with all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/4/08	Daytime Phone # 861 748 5828
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