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	Mailing Address
1102 W. INDIANTOWN RD 7 JUPITER, FL 33458	C/O GOUVERT PO BOX 273445 BOCA RATON, FL 33427

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03012008 No Chg-NP CR2E037 (4/06)

4. FEI Number
54-2073218
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOUVERT, DOLORES
6842 BRIDLEWOOD.CT
BOCA RATON, FL 33433

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000851076
03/25/08-80023-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CULLIFER, RICHARD H
STREET ADDRESS	658 W INDIANTOWN RD, STE 204
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	PD
NAME	ROSEN, PETER M
STREET ADDRESS	1102 W INDIANTOWN RD
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TD
NAME	COHEN, HOWARD
STREET ADDRESS	9695 W. BROWARD BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VD
NAME	REID, JAX
STREET ADDRESS	1102 N INDIAN TOWN RD. #5
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/4/08 561 748 5828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #