

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90014 038 \*\*\*\*61.25

**DOCUMENT # N04000000056**  
 1. Entity Name  
**SHOPPES OF JUPITER CREEK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**4400 MARSH LANDING BLVD STE 2**      **4400 MARSH LANDING BLVD STE 2**  
**PONTE VEDRA BCH FL 32082**      **PONTE VEDRA BCH FL 32082**



2. Principal Place of Business      3. Mailing Address  
**10289 ALLAMANDA BLVD.**      **10289 ALLAMANDA BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State  
**PALM BEACH GARDENS, FL**      **PALM BEACH GARDENS, FL**  
 Zip      Country      Zip      Country  
**33410**      **PALM BEACH**      **33410**      **PALM BEACH**

4. FEI Number      Applied For  
**73-1690121**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRUCE, ROBERT G**  
**4400 MARSH LANDING BLVD STE 2**  
**PONTE VEDRA BCH FL 32082**

7. Name and Address of New Registered Agent  
 Name **Aileen DEOLiveira**  
 Street Address (P.O. Box Number is Not Acceptable) **10289 ALLAMANDA BLVD.**  
 City **PALM BEACH GARDENS**      FL      Zip Code **33410**

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 *Aileen Deoliveira* **AILEEN DEOLiveira**      3/10/06  
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**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUCE, ROBERT G 4400 MARSH LANDING BLVD STE 2 PONTE VEDRA BCH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELM, JAMES T 658 W INDIANTOWN RD STE 204 JUPITER FL 33458	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FORRESTER, DENA D 4400 MARSH LANDING BLVD STE 2 PONTE VEDRA BCH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>AIILEEN</del> PRESIDENT Aileen DEOLiveira 10289 ALLAMANDA BLVD. PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSEPH SIEGEL 724 PINEHURST WAY PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DANIEL J. POULOS 1861 JUNO ISLES BLVD. JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY NANCY H. LAWRENCE 2442 FLAMINGO Road LAKE PARK, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Aileen Deoliveira* **AILEEN DEOLiveira**      3/10/06      561-630-9897