

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000056

FILED
Apr 09, 2007
Secretary of State

Entity Name: SHOPPES OF JUPITER CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10289 ALLAMANDA BLVD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

10289 ALLAMANDA BLVD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 73-1690121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEOLIVEIRA, AILEEN
10289 ALLAMANDA BLVD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEOLIVEIRA, AILEEN
Address: 10289 ALLAMANDA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP () Delete
Name: SIEGEL, JOSEPH
Address: 724 PINE HURST WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: POULOS, DANIEL J
Address: 1861 JONO ISLES BLVD
City-St-Zip: JUNO BEACH, FL 33408

Title: S () Delete
Name: LAWRENCE, NANCY H
Address: 2442 FLAMINGO R
City-St-Zip: LAKE PARK, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AILEEN DEOLIVEIRA

P

04/09/2007

Electronic Signature of Signing Officer or Director

Date