

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000056

FILED  
Sep 03, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 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

09/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date