## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400010855  1. Entity Name JUPITER DESIGN CENTER CONDOMINIUM ASSOCIATION, INC.  Principal Place of Business 775 W. INDIANTOWN RD. JUPITER, FL 33458  2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.  City & State  City & State		).	177	Olighti Olizzosi (1200)		
Zip Country ·	Zip Country Zip C		56-2504865	• ·	Not Applicable  3.75 Additional	
	, i	Country	5. Certificate of Sta	Fe	e Required	
6. Name and Address of Current Registered Agent N			7. Name and Address of New Registered Agent			
HEARING, DONALDSON 1934 COMMERCE LANE, SUITE 1			Street Address (P.O. Box Number is Not Acceptable)			
JUPITER FL 39458			775 11 丁 1 1 1人			
			775 W. Indiantown FL Zip Code 33452			
8. The above named entity submits this statement for the purpose of changing its registered office or registered.				FL he State of Florida Lam fac	33458	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  Filling Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be Make check payable to						
Due by May 1, 2007 Trust Fund Contribution.			\$5.00 May Be Added to Fees	Florida Departm	ent of State	
10. OFFICERS AN	ID DIRECTORS  Delete	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIREC	CTORS IN 10 Addition	
NAME HEARING DONALDSON STREET ADDRESS 1934 COMMERCE LANE, S CITY-ST-ZIP JUPITER, FL 33458	·	NAME STREET ADDRESS	PAMEL CONTROL TOP HER TUP HER F	Ner antoun Rd 1 33458	3 Change [2] Adollium	
TITLE D NAME COTLEUR, ROBERT J	Delete		DAVID COM	روا	Change Addition	
1 1 1	SS 1934 COMMERCE LANE, SUITE 1 ST		JUPITER P	antoun Rd		
TITLE	☐ Delete	TITLE			Change   Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME Street Address City-S1-ZIP				
TITLE NAME	☐ Delete	TITLE NAME	500		Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	02721707	0889006; 01026023	**111.25	
TITLE	☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	,	NAME STREET ADDRESS CITY-ST-ZIP				
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 frustee 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:  SIGNATURE AND TYPED OR PRINTED NAME BESIGNING OFFICER OR DIRECTOR  Daily Despine Phone #						