

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04559**

1. Entity Name  
JUPITER PARK OF COMMERCE ASSOCIATION, INC.



Principal Place of Business

917 N LOXAHATCHEE DR  
JUPITER, FL 33458 US

Mailing Address

917 N LOXAHATCHEE DR  
JUPITER, FL 33458 US



04072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1041549

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUCKKU, JOHN  
917 N. LOXAHATCHEE DR.  
JUPITER, FL 33458

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KUCKKU, JOHN
STREET ADDRESS	917 N. LOXAHATCHEE DR.
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	ST
NAME	NELSON, ROBERT
STREET ADDRESS	P.O. BOX 759523
CITY- ST- ZIP	CORAL SPRINGS, FL 33075
TITLE	T
NAME	BAZARGAN, MOHSEN
STREET ADDRESS	9804 W. SAMPLE ROAD
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	VPT
NAME	NICHOLS, MAUREEN
STREET ADDRESS	1557 PARK LN. S., SUITE 102
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000890214  
04/22/08-80085-022 61.25

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN KUCKKU 4/8/08