


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90017 032 ****61.25

DOCUMENT # N04948 1. Entity Name JUPITER LANDINGS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 8259 NORTH MILITARY TR SUITE 11 PALM BEACH GARDENS, FL 33410			Mailing Address 8259 NORTH MILITARY TR SUITE 11 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEA BREEZE CMS 8259 NORTH MILITARY TR SUITE 11 PALM BEACH GARDENS, FL 33410			Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAIDE, PAUL		NAME		
STREET ADDRESS	18304 FLAGSHIP CIR		STREET ADDRESS		
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUKHU, JESSE		NAME		
STREET ADDRESS	18162 JUPITER LANDINGS DR.		STREET ADDRESS		
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMAN, JAY		NAME		
STREET ADDRESS	18000 ANCHOR DR		STREET ADDRESS		
CITY-STATE-ZIP	JUPITER, FL 33418		CITY-STATE-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, GLENN		NAME		
STREET ADDRESS	17990 ANCHOR DR		STREET ADDRESS		
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEEDS, STEVE		NAME		
STREET ADDRESS	18263 FLAGSHIP CR.		STREET ADDRESS		
CITY-STATE-ZIP	JUPITER, FL 33458		CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 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: <u>Paul Waide</u> TR. 1-23-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					