2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N06000003201

1. Entity Name



JUPITER COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.												
658 W INDIANTOWN RD STE 211 65			658	Mailing Address 658 W INDIANTOWN RD STE 211 JUPITER, FL 33458				40.4~	 IS #1111 BP111 BB111 BP111			itu: Bi (BS)
Principal Place of Business - No P.O. Box #												
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04252007	Chg-NP	CR2E	037 (12/06)	
City & State			City & State					4. FEI Number 20 - 8	824780	ン		plied For at Applicable
Zip	Zip Country		Zip		Cou	intry	5. Certificate of Status Desired S8.75 Add Fee Required					
	6. Name	and Address of Current	Registere	d Agent				7. Name and Ad	Idress of New R	egistere	d Agent	
OLDHAM,						Name						
1312 COMMERCE LN STE 1A JUPITER, FL 33458					Street Addre	ess (P.	O. Box Number is	Not Acceptable	·)			
		Σ** -									T = 0.	
•		÷				City				L Zip Code	B	
	named entity tions of regist	y submits this statement for lered agent.	r the purp	ose of changing its	registere	ed office or regi	gistered	d agent, or both, i	n the State of Flo	rida. Iar	m familiar with,	and accept
SIGNATURE	Classius hand							· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	orginative, typeu	or printed name of registered agent of	arko uma a adol	olicable. (NOTE	: Hegistere	d Agent pignature rec	equired w	rhen reinstatling)		DATE		
	Filing Fe	e is \$61.25 May 1, 2007	arku ube n aqu	9. Election Carr Trust Fund C	npaign F	inancing	•	\$5.00 May Be Added to Fees		ake che	ck payable to	
10.	Filing Fe	e is,\$61,25		9. Election Carr Trust Fund C	npaign F	inancing	\$	\$5.00 May Be	Flori	ake che Ida Dep	ck payable to artment of Si	ate
	Filing Fe Due by M	oe is \$61.25 May 1, 2007 OFFICERS AND DIF		9. Election Carr Trust Fund C	npaign F	inancing ion,	\$	\$5.00 May Be Added to Fees	Flori	ake che Ida Dep	ck payable to artment of Si	ate
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12. Thereby 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 of tipe fectiver 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wesley W. Oldham

04/27/07

(561/707-7746)

FILED

May 02, 2007 8:00 am Secretary of State

05-02-2007 90102 007 ****61.25

Daytime Phone #