

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:43

**DOCUMENT # N18113 (3)**

1. Corporation Name

**THE SHORES OF JUPITER HOME OWNERS ASSOCIATION, I  
NC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 780  
PO BOX 780  
JUPITER FL 33468

POST OFFICE BOX 780  
PO BOX 780  
JUPITER FL 33468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1986** 3a. Date of Last Report **03/28/1994**

4. FEI Number **59-2765983** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

24

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, JAY S.  
3300 PGA BLVD #500  
PALM BCH GRDNS FL 33410**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P**  
**THOMPSON, BILL**  
**18583 LAKE BEND DR.**  
**JUPITER FL**

**D**  
**LANDERS, TED**  
**6259 LONGLEAF PINE DR**  
**JUPITER FL**

**D**  
**VILLELLA, CAROL**  
**18755 BIG CYPRESS DR**  
**JUPITER FL**

**VP**  
**JAMISON, BOB**  
**6663 LOSTLAKE CT.**  
**JUPITER FL**

**D**  
**KURETSKI, JIM**  
**18685 BREEZEWOOD CT**  
**JUPITER FL**

**D**  
**FETZER, CLAUDE**  
**18988 STILL LAKE DR**  
**JUPITER FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

Change  Addition

Change  Addition

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Change  Addition

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William S. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-95

407 586 5200