

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18113** (3)

1. Corporation Name  
**THE SHORES OF JUPITER HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business: **POST OFFICE BOX 780, PO BOX 780, JUPITER FL 33468**  
Mailing Address: **POST OFFICE BOX 780, PO BOX 780, JUPITER FL 33468**

3. Date Incorporated or Qualified: **12/08/1986**  
3a. Date of Last Report: **04/12/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: Suite, Apt. #, etc.  
22: City & State  
23: City & State  
24: Zip, Country

9. Name and Address of Current Registered Agent  
**LEVINE, JAY S.  
3300 PGA BLVD #500  
PALM BCH GRDNS FL 33410**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, BILL</b>	
STREET ADDRESS	<b>18583 LAKE BEND DR.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCZKO, BOB</b>	
STREET ADDRESS	<b>6211 WINDINGLAKE DR.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STABLE, BEN</b>	
STREET ADDRESS	<b>6752 VIEWPOINT CT.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GANDHI</b>	
STREET ADDRESS	<b>6752 VIEWPOINT CT.</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>KURETSKI, JIM</b>	
STREET ADDRESS	<b>18685 BREEZEWOOD CT</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FETZER, CLAUDE</b>	
STREET ADDRESS	<b>18968 STILL LAKE DR</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>LUCZKO, BOB</b>
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>HALL, MICHAEL</b>
33 STREET ADDRESS	<b>6691 WINDING LAKE DR.</b>
34 CITY-ST-ZIP	<b>JUPITER, FL 33458</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>GANDHI, KIM</b>
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>HANNERS, DWIGHT</b>
63 STREET ADDRESS	<b>6654 INLAND CT.</b>
64 CITY-ST-ZIP	<b>JUPITER, FL 33458</b>

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE: **X Dwight Hanners** *4/9/96* **407-575-1194**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (12/95)