

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18113 (3)**  
 1. Corporation Name  
**THE SHORES OF JUPITER HOME OWNERS ASSOCIATION, I NC.**

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
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3. Date Incorporated or Qualified 12/08/1986	4. FEI Number 59-2765983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 State	Zip Code
				<b>FL</b>	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, BILL	
STREET ADDRESS	18583 LAKE BEND DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUCZKO, BOB	
STREET ADDRESS	6211 WINDINGLAKE DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, MICHAEL	
STREET ADDRESS	6091 WINDING LAKE DR	
CITY-ST-ZIP	JUPITER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GANDHI, KIM	
STREET ADDRESS	6752 VIEWPOINT CT.	
CITY-ST-ZIP	JUPITER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KURETSKI, JIM	
STREET ADDRESS	18685 BREEZEWOOD CT	
CITY-ST-ZIP	JUPITER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANNERS, DWIGHT	
STREET ADDRESS	6684 INLAND CT	
CITY-ST-ZIP	JUPITER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REILLY, ANNE
2.3 STREET ADDRESS	18631 MISTY LAKE DR
2.4 CITY-ST-ZIP	JUPITER, FL 33458
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	O'MAHONEY, EMILY
5.3 STREET ADDRESS	18834 SHEET GUM CT
5.4 CITY-ST-ZIP	JUPITER, FL 33458
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dwight Hanners* 4/16/98 561-965-1500

CR2E037 (10/97)