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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18113

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/08/1986
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2765983
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P THOMPSON, BILL	1.2 NAME	HANNERS, DWIGHT
STREET ADDRESS	18583 LAKE BEND DR.	1.3 STREET ADDRESS	6577 WOODLOCH CT
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S REILLY, ANNE	2.2 NAME	
STREET ADDRESS	18631 MISTY LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HALL, MICHAEL	3.2 NAME	SELT, STEVE
STREET ADDRESS	6091 WINDING LAKE DR	3.3 STREET ADDRESS	6405 WINDING LAKE DR
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP GANDHI, KIM	4.2 NAME	RAUDENBUSH, DON
STREET ADDRESS	6752 VIEWPOINT CT.	4.3 STREET ADDRESS	18949 LOGGOLLY PINE CT
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D O'MAHONEY, EMILY	5.2 NAME	
STREET ADDRESS	18834 SWEET GUM CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T HANNERS, DWIGHT	6.2 NAME	PIVER, CHARLES
STREET ADDRESS	6684 INLAND CT	6.3 STREET ADDRESS	18772 STILL LAKE DR.
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	JUPITER, FL 33458

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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 MAR 99 (56) 744-4955

CR2E037 (11/98)