

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90486 049 \*\*\*\*61.25

**DOCUMENT # N18113**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2765983**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LEVINE, JAY S.  
 3300 PGA BLVD #970  
 PALM BCH GRDNS FL 33410~~

Name: **GARY D FIELDS**  
 Street Address (P.O. Box Number is Not Acceptable): **4400 PGA BLVD SUITE 700**  
 City: **PALM BEACH GARDENS** FL Zip Code: **33410**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: (GARY D. FIELDS) DATE: **3/25/02**

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **P**  Delete  
 NAME: **RAUDENBUSH, DON**  
 STREET ADDRESS: **18849 LOBLOLLY PINE CT**  
 CITY-ST-ZIP: **JUPITER FL 33458**

TITLE:  Change  Addition  
 NAME: **SECRETARY**  
 STREET ADDRESS: **MICHAEL LOMBARDI**  
 CITY-ST-ZIP: **18883 STILL LAKE DR JUPITER, FL 33458**

TITLE: **S**  Delete  
 NAME: **REILLY, ANNE**  
 STREET ADDRESS: **18631 MISTY LAKE DR**  
 CITY-ST-ZIP: **JUPITER FL 33438**

TITLE:  Change  Addition  
 NAME: **MICHAEL LOMBARDI**  
 STREET ADDRESS: **18883 STILL LAKE DR**  
 CITY-ST-ZIP: **JUPITER, FL 33458**

TITLE: **D**  Delete  
 NAME: **CHORNIEWY, JIM**  
 STREET ADDRESS: **6210 WINDING LAKE DR**  
 CITY-ST-ZIP: **JUPITER FL 33458**

TITLE:  Change  Addition  
 NAME: **VP**  
 STREET ADDRESS:  Change  Addition

TITLE: **S**  Delete  
 NAME: **O'MAHONEY, EMILY**  
 STREET ADDRESS: **18834 SWEET GUM CT**  
 CITY-ST-ZIP: **JUPITER FL 33458**

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE: **T**  Delete  
 NAME: **PIVER, CHARLES**  
 STREET ADDRESS: **18772 STILL LAKE DRIVE**  
 CITY-ST-ZIP: **JUPITER FL 33458**

TITLE:  Change  Addition  
 NAME:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE: **D**  Change  Addition  
 NAME: **JIM KUKLA**  
 STREET ADDRESS: **6198 WINDING LAKE DR**  
 CITY-ST-ZIP: **JUPITER, FL 33458**

12. 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 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 or the receiver 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.

SIGNATURE: R. PIVER DATE: **APR 7, 2002** 561 744-4955

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)