


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N18113 1. Entity Name THE SHORES OF JUPITER HOME OWNERS ASSOCIATION, INC.	
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FILED
 06 SEP 28 AM 9:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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09132006 Chg-NP CR2E037 (4/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number
59-2765983 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent FIELDS, GARY D 4400 PGA BLVD SUITE 900 PALM BCH GRDNS, FL 33410	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P OMAHONEY, EMILY 18834 SWEET GUM CT JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S EVENSEN, THORLIEF 18848 FETTERBUSH CT. JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	EVENSEN, THORLIEF
STREET ADDRESS		STREET ADDRESS	18848 FETTERBUSH CT
CITY-ST-ZIP		CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D THOMPSON, BILL 18583 LAKE BEND DR. JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	900080267279
CITY-ST-ZIP		CITY-ST-ZIP	09/28/06--01047--004 **\$61.25
TITLE	VP SCHMIDT, ROBERT <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WARD, DAVID
STREET ADDRESS	18601 MISTY LAKE DR	STREET ADDRESS	18876 LOBLOLLY PINE CT
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	JUPITER, FL 33458
TITLE	T PIVER, CHARLES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	18772 STILL LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	
TITLE	D THOMAS, DAVE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	18876 LOBLOLLY PINE CT	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33458	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Date: 9-13-2006 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR