

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90016 015 ****61.25

DOCUMENT # N18113

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDS, GARY D
4400 PGA BLVD
SUITE 900
PALM BCH GRDNS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP
P
OMAHONEY, EMILY
18834 SWEET GUM CT
JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP
V
EVENSEN, THORLIEF
18848 FETTERBUSH CT.
JUPITER FL 33458

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
SECRETARY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP
D
THOMPSON, BILL
18553 LAKE BEND DR.
JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP
S
WARD, DAVID
18876 LOBLOLLY PINE CT
JUPITER FL 33458

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
VP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP
D
THOMAS, DAVE
18876 LOBLOLLY PINE CT
JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles R. Piver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

248307 (561) 744-4755