1119352

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
	siness Entity Nar	
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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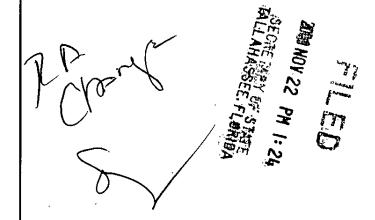
Office Use Only

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11/22/10--01026--029 **35.00



COVER LETTER

Division of Corporations
SUBJECT: Townhomes at Jupiter Harbour Homeowners Assoc.
DOCUMENT NUMBER: 019352
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bron P. Gabriel, Esquive Name of Contact Person)
Coabriel + Gabriel, LLC Firm/Company
4601 Military Trail Ste 200 Address
Jupiter, Florida 33458 City/State and Zip Code
JCJahn bellsouth. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: John C. Jahn at (S6/) 743 -0 845
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Town homes at Jupiter Horbour Homeowners
2. The principal office address: 1000 N US Highway One #633
Jupiter, Florida 33477
3. The mailing address (if different): D. O. Box 115, Jupiter Florida
33477
4. Date of incorporation/qualification: 2-20-87 Document number: N19352
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Dicker, Krivok & Stoloff P.A.
1818 Australian Avenue South Ste 400
West Palm Beach, Florida 33409
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Cabricl + Gabriel, LC State 22
4601 Military Trail Ste 206 70 7 7 17
Jupiter, Florida 33458
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 11-13-10 Date
If signing on behalf of an entity:
Gabriel + Gabriel, LLC Typed or Printed Name

* * * FILING FEE: \$35.00 * * *