2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # N33491 1. Entity Name THE PRESERVE AT JUPITER HOMEOWNERS ASSOCIATION. 01-26-2001 90110 044 ****61.25 Principal Place of Business Mailing Address 124 STILL LAKE DR P.O. BOX 0432 ~~~~~~~ JUPITER FL 33458 JUPITER FL 33468 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0147169 Not Applicable Country Country ~Zip **\$8.75** Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KNIGHT, DAVID 1645 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Protoff Mand, Boby ☐ Addition ☐ Delete TITLE TITLE NAME NAME RAUMANDO, CYNDEE 113 CKS 514 STREET ADDRESS STREET ADDRESS 124 STILL LAKE DR JPITER. 23458 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 [Change ☐ Addition TITI F **VPD** ☐ Delete TITLE NAME NAME RENDEL, JEFF STREET ADDRESS STREET ADDRESS 115 CASSILLY WAY CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 51 D Change ☐ Addition TITLE ☐ Delete CHEPURKO, PAUL WOHLFARTH, DONNA NAME NAME STREET ADDRESS STILL LIAKE STREET ADDRESS 113 STILL LAKE DR. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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