## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachmen

SIGNATURE

with an address, with

all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

## Apr 04, 2006 8:00 am Secretary of State DOCUMENT # N33491 1. Entity Name 04-04-2006 90139 016 \*\*\*\*61.25 THE PRESERVE AT JUPITER HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 113 CASSILLY WAY P.O. BOX 0432 JUPITER FL 33458 JUPITER FL 33468 2. Principart face of Business 3. Mailing Address 6671 WEST NDIANTOWN ROAD Suite, Apt. #. etc 1st MOORE CR2E037 (10/05) Duite 56, PMB 121 City & State y & State 4. FEI Number Applied For JURITER EL JUPITER 65-0147169 Not Applicable \$8.75 Additional 5. Certificate of Status Desired LS A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOHLFARTH, KURT 113 CASSILLY WAY P.O. Box Number is Not A JUPITER FL 33458 3458 DUPITER 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 registried ogeral and little if applica (NOTE: Registered Agent signature required when reinstating) HOA FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete TITLE Addition Change CAMPBELL, SCOTT L. WOHLFARTH, KURT NAME NAME 113 CASSILLY WAY STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUCHANAN, DAVID NAME NAME 113 CASSILLY WAY STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE Change Addition NAME REGOVE, STEVE NAME GREEN, STREET ADDRESS 101 JEANETTE WAY STREET ADDRESS JUPITER FL 33458 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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

FILED

3/19/06 561-301-4827