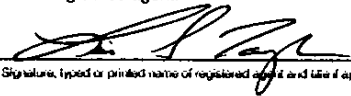
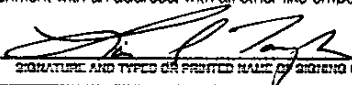


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90084 043 ****70.00

DOCUMENT # N49121					
1. Entity Name JUPITER FARMS RESIDENTS, INC.					
Principal Place of Business 11150 154TH RD NORTH JUPITER, FL 33478 US			Mailing Address PO BOX 2606 JUPITER, FL 33468 US		
2. Principal Place of Business 17127 THUNDER ROAD Suite, Apt. #, etc.		3. Mailing Address 10152 W. INDIANTOWN RD PMB 104 Suite, Apt. #, etc.		04292005 CH-NP CR2E037 (10/03)	
City & State JUPITER FARMS FL		City & State JUPITER FARMS FL		4. FEI Number 65-0358562 Applied For Not Applicable	
Zip 33478 Country USA		Zip 33478 Country US		5. Certificate of Status Desired ☒ FE Fee Required	
6. 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 CERTAIN WITH AND ACCEPT THE OBLIGATIONS OF REGISTERED AGENT.			7. 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 CERTAIN WITH AND ACCEPT THE OBLIGATIONS OF REGISTERED AGENT.		
RICE, JUDITH 11150 154TH RD NORTH JUPITER, FL 33478			Name LOIS S. TAYLOR Street Address (P.O. BOX NUMBER IS NOT ACCEPTABLE) 17127 THUNDER ROAD City JUPITER FARMS FL 33478		
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 certain with and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing fee is \$67.50 Due by May 1, 2005		9. Current Campaign Contribution Trust Fund Contribution. ☐		\$0.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	TD	☒ Delete	TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	RICE, JUDITH		NAME	ALBERTO RABADAN	
STREET ADDRESS	11150 154 RD N		STREET ADDRESS	17689 ROCKY PINES RD	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	JUPITER FARMS FL 33478	
TITLE	PO	☒ Delete	TITLE	HENRY FICHER	☐ Change ☒ Addition
NAME	HICKMAN, NICOLE		NAME	17895 WINTERHAWK TRAIL	D+ VP
STREET ADDRESS	16280 118TH TERR N		STREET ADDRESS	JUPITER FARMS FL 33478	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	JAMES KYLE	☐ Change ☒ Addition
NAME	RABADAN, ALBERTO		NAME	13018 156TH STREET NORTH	D+ TREASURER
STREET ADDRESS	17689 ROCKY PINES RD		STREET ADDRESS	JUPITER FARMS FL 33478	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TAYLOR LOIS		NAME		
STREET ADDRESS	17127 THUNDER RD		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	FAHEY, KATHY		NAME		
STREET ADDRESS	10000 104TH TERR N		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MC EWEN, GARY		NAME		
STREET ADDRESS	11414 175TH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE: _____ DAY: _____ MONTH: _____					