## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N95000002826**

1. Entity Name
TOWNHOUSES AT JUPITER KEY HOMEOWNERS
ASSOCIATION, INC.



## **FILED** Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90310 009 \*\*\*\*61.25

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Suite, Agr. #, etc.   Suite, Agr. #, etc.   Q4052005   Chg.NP   CR2E037 (10/03)													
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Suite, Apt. F. etc.    Suite, Apt. F. etc.   Suite, Apt. F. etc.   O4052005   Chg-NP   CR2E037 (10/05)   City & Suite   Suite, Apt. F. etc.   Applied For   Mark Appl				10111	101 11214 12 33 130			1 (27772) 8.10	INTERNATION		KAMBARK C		
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S. Name and Address of Current Registered Agent  KUNKLE, CRAIG - 275 TONEY PENNA DRIVE #7  JUPITER, EL 33458  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cool  City					1						<u> </u>		
S. Kerne and Address of Current Registered Agent   Fee Required	Zip		Country	Zip	,	Cou	intry						
KUNKLE, CRAIG 275 TONEY PENNAL DRIVE #7 JUPITER, FL 33458  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligations of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligation of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligation of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligation of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligation of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligation of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligation of registered agent, or both, in the State of Florida. I am tarmitism with, and accept the obligation of Florida and the state of Florida. I am tarmitism with, and accept the obligation of Florida and tarmitism with, and accept the obligation of	,												
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing as registered diffice or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, bear of orbits from of injustment agent and file it applicable.  (Incite Flitting Fee is \$61.25   Due by May 1, 2005   Due by May	6. Name and Address of Current			nt Registere	Registered Agent			7. Name and	<u> </u>				
275 TONEY PENNA DRIVE #7 JUPITER, FL_33458  8. The above named entity submits this statement for the purpose of changing as registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and scoept the obligations of registered agent.  SIGNATURE    Signature, typed or prised rear of registered agent agen													
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiaer with, and accept the obligations of registered agent.    Signature   Signatu				<del>-</del> ·	Street Address			(P.O. Box Number is Not Acceptable)					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and scoept the obligations of registered agent.    Signature	JUPITER,	FL_33458										······································	
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Trust Fund Contribution.   Added to Fees   Florida Department of State   10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   PD	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
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19. I heavily, notify that the information constitute this filtre does not push for the purpose of the constitute of the	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	PD MCLNERNE 117 OCEAN JUPITER, F VPD MANN, JER 115 OCEAN JUPITER, F CURATOLA 153 JUPITE	OFFICERS AND DESTRUCTION OFFICERS AND DESTRUCTION OFFICERS AND DESTRUCTION OFFI CONTROLL OF THE CONTROLL OF T	DIRECTORS	Trust Fund C	TITLE NAME STREE CITY.	E ET ADORESS -ST-ZIP	Added to Fees	Flor	RS AND DIRI	ment of S ECTORS IN Change Change Change	N 10 Addition Addition Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated on this report or supplemental report is thus and accurate and that the same leads effect on if made under onth, that I are affirmed an director.	TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	PD MCLNERNE 117 OCEAN JUPITER, F VPD MANN, JER 115 OCEAN JUPITER, F CURATOLA 153 JUPITE	OFFICERS AND DESTRUCTION OFFICERS AND DESTRUCTION OFFICERS AND DESTRUCTION OFFI CONTROLL OF THE CONTROLL OF T	DIRECTORS	Trust Fund C	TITLE NAME STREE CITY-	E ET ADORESS -ST-ZIP  ET ADORESS -ST-ZIP	Added to Fees	Flor	RS AND DIRI	ment of S ECTORS IN Change Change Change	N 10 Addition Addition Addition	

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 cath; 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:** 

581-746-0150