


APR 25 2008

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 025 ****61.25

DOCUMENT # N95000002826		
1. Entity Name TOWNHOUSES AT JUPITER KEY HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 275 TONEY PENNA DR #7 JUPITER, FL 33458	Mailing Address 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box #		

60032202



****CHANGE OF ADDRESS**** ****CHANGE OF ADDRESS****
2074 W. INDIANTOWN RD. 2074 W. INDIANTOWN RD.
SUITE 200 SUITE 200
JUPITER, FL 33458 JUPITER, FL 33458

1072008 Chg-NP CR2E037 (12/06)

FBI Number 65-0655545	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KUNKLE, CRAIG 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name <u>DAVID W. CRAFT, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3418 POINSETTIA AVE.</u> City <u>W. P. B.</u> FL Zip Code <u>33407</u>	
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 <u>David W. Craft</u> DATE <u>4/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			

Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCLNERNEY, MICHAEL 117 OCEAN KEY WAY JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SILVERMAN, JOHN 111 OCEAN KEY WAY JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mary Silverman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROBERTSON, JOSEPH 111 OCEAN KEY WAY JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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

Daytime Phone #

4/15/08

561-747-5805