2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED Mar 04, 2005 08:00 AM DOCUMENT # N96000002081 1. Entity Name **Secretary of State** JUPITER PARK PLAZA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 654 W INDIANTOWN RD 654 W INDIANTOWN RD SUITE 105 SUITE 105 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0686433 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETTERSON, C.L. Street Address (P.O. Box Number is Not Acceptable) 654 W INDIÁNTOWN RD. SUITE 105 JUPITER FL 33458 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 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, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change Addition Defete THE PETTERSON, C. L. MAME MAME 654 W INDIANTOWN RD STE 105 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 0.11 Y - ST - 71P CITY-ST-762 VPD ☐ Change HILL ☐ Defete TITLE ☐ Addition U00000251419 MASON, JILL NAME NAME 03/04/05-80050-010 61.25 658 W INDIANTOWN RD STE 212 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP COX-ST-2IP fifth ☐ Delele TITLE ☐ Change ☐ Addition SANTA, GRETA NAME NAME 658 W INDIANTOWN RD STE 201 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE THLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CHY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7F Dele<u>te</u> HILE THE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other fike empowered.