

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90092 047 ****61.25

DOCUMENT # N96000002081					
1. Entity Name JUPITER PARK PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 654 W INDIANTOWN RD SUITE 105 JUPITER, FL 33458			Mailing Address 654 W INDIANTOWN RD SUITE 105 JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0686433	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREEN, JAMES 654 W INDIANTOWN RD. SUITE 106 JUPITER, FL 33458			Name Street Address (P O Box Number is Not Acceptable) City		
FL			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				DATE 3-14-07	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 PD	NAME GREEN, JAMES	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	NAME GILDA ALONZO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 654 W INDIANTOWN RD STE 106	CITY-ST-ZIP JUPITER, FL 33458		STREET ADDRESS 658 W. INDIANTOWN RD	CITY-ST-ZIP JUPITER, FL 33458	
TITLE VPD	NAME ALONZO, GILDA	<input type="checkbox"/> Delete	TITLE VIR PRESIDENT	NAME MIKE DILLYHON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 658 W INDIANTOWN RD	CITY-ST-ZIP JUPITER, FL 33458		STREET ADDRESS 658 WEST INDIANTOWN RD	CITY-ST-ZIP JUPITER, FL 33458	
TITLE STD	NAME LARUFFA, AUGUSTA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 658 W INDIANTOWN RD STE 107	CITY-ST-ZIP JUPITER, FL 33458				
TITLE TD	NAME HILLMAN, ELISE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 654 W. INDIANTOWN ROAD	CITY-ST-ZIP JUPITER, FL 33458				
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 				
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 or other like empowered					
SIGNATURE:			DATE 3/15/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		