
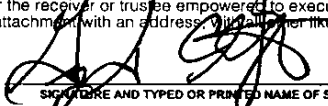


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 JUN 27 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N96000004834</b>					
1. Entity Name JUPITER FARMS CENTER PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2000 PGA BLVD., #2204 N. PALM BEACH, FL 33408 US			Mailing Address 2000 PGA BLVD., #2204 N. PALM BEACH, FL 33408 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 901 Northpoint Parkway, Suite 200			Suite, Apt. #, etc. 901 Northpoint Parkway, Suite 200		
City & State West Palm Beach, FL			City & State West Palm Beach, FL		
Zip 33407		Country USA	Zip 33407		Country USA
6. Name and Address of Current Registered Agent  BURCKART, WILLIAM E 2000 PGA BLVD., #2204 N. PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Strategic Realty Services, LLC Street Address (P.O. Box Number is Not Acceptable) 901 Northpoint Parkway, Suite 200 City West Palm Beach FL Zip Code 33407		
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. D. Glen Alexander, Member of Strategic Realty Services, LLC					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Amended AR is \$61.25		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	PD BURCKART, WILLIAM E 2000 PGA BLVD., #2204 N. PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Guy S. Clifton 2830 Cahaba Road Birmingham, AL 35223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FREDERICKSON, IVAN C 2000 PGA BLVD., #2204 N. PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD D. Glen Alexander 901 Northpoint Parkway, Suite 200 West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURCKART, CARRIE 11 BAYVIEW TER TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD A. Sims Garrison 2830 Cahaba Road Birmingham, AL 35223	<input checked="" 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	100131808971 06/27/08--01014--012 **\$61.25	<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
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 full power like empowered.					
SIGNATURE: 		Guy S. Clifton / President		6/16/08 (205) 802-7202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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