


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90041 031 \*\*\*\*61.25

DOCUMENT # N97000001325	
1. Entity Name JUPITER CREEK COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 1200 W. INDIANTOWN ROAD JUPITER, FL 33458	Mailing Address 6842 BRIDLE WOOD CT BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**

40045870



02132008 No Chg-NP CR2E037 (4/06)

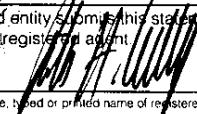
4. FEI Number 59-3549621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MONTANO, DONALD Richard H. Cullifer  
1200 W. INDIANTOWN ROAD 400 US Highway 1  
JUPITER, FL 33458 33477

**DO NOT WRITE  
IN THIS SPACE**

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: 3/4/08

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

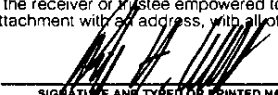
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANO, DONALD 1200 W. INDIANTOWN ROAD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WILLIAMS, TODD 6911 VISTA PARKWAY N. WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLIFER, RICHARD 658 W. INDIANTOWN ROAD, SUITE 204 JUPITER, FL 33458 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELM, JAMES 4400 MARSH LANDING BLVD #2 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: 3/4/08 DAYTIME PHONE #: 561 748 5828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR