FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 21 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755872 (9)

1. Corporation Name
THE ANCHORAGE AT JONATHAN'S LANDING CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
185 E INDIANTOWN RD STE 108 JUPITER FL 33477	185 E INDIANTOWN RD STE 108 JUPITER FL 33477

3. Date Incorporated or Qualified: 01/13/1981
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2164186 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SPRINGER, SHERIDAN M
DICKINSON MANAGEMENT, INC.
185 E. INDIANTOWN ROAD, STE. 108
JUPITER FL 33477

10. Name and Address of New Registered Agent

01 Name: b.H McVicar
02 Street Address (P.O. Box Number is Not Acceptable): Dickinson Managament
03: 185 E Indiantown Rd Ste 109
04 City: Jupiter FL 33477 FL 05 Zip Code: 33477

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 02-07-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VP Mel Schmaltz	☑ Change ☐ Addition
NAME	THOMPSON, SAMUEL	1.2 NAME		
STREET ADDRESS	16910 BAY ST E-301	1.3 STREET ADDRESS	16910 Bay St E202	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Jupiter FL 33477	
TITLE	D	2.1 TITLE	D-Treasurer	☑ Change ☐ Addition
NAME	PATTERSON, WILLIAM	2.2 NAME	Arnold Pukkila	
STREET ADDRESS	16940 BAY ST. N-305	2.3 STREET ADDRESS	16940 Bay St. N404	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter FL 33477	
TITLE	D	3.1 TITLE	D-Lois Clark	☑ Change ☐ Addition
NAME	BAYER, PETER	3.2 NAME		
STREET ADDRESS	16910 BAY ST. E-404	3.3 STREET ADDRESS	16910 Bay St. E502	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Jupiter FL 33477	
TITLE	~~SD~~ Director	4.1 TITLE		☐ Change ☐ Addition
NAME	BLUM, WILLIAM	4.2 NAME		
STREET ADDRESS	16940 BAY ST. N-503	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP		
TITLE	~~VD~~ President	5.1 TITLE		☐ Change ☐ Addition
NAME	BIRCHFIELD, TOM	5.2 NAME		
STREET ADDRESS	16940 BAY SAT. N-402	5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Director - Mary Griffin	☑ Change ☐ Addition
NAME	GRIFFIN, JOHN T	6.2 NAME		
STREET ADDRESS	16940 BAY ST. N-405	6.3 STREET ADDRESS	16940 Bay St N405	
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	Jupiter FL 33477	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 02/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001R96