

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90100 026 ****61.25

DOCUMENT # 755872

1. Entity Name

**THE ANCHORAGE AT JONATHAN'S LANDING CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

210 BAY ST.
JUPITER FL 33477

POST OFFICE BOX 4586
TEQUESTA FL 33469
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2164186

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAND, CHRISTOPHER P
71 WILLOW RD
TEQUESTA FL 33469**

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.

SIGNATURE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GORHAM, WILLIAM**
CITY-ST-ZIP **16940 BAYSTREET #204N
JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **YOUNG, RICHARD**
CITY-ST-ZIP **16940 BAY STREET, N-504
JUPITER FL 33477**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **CALLAHAN, EDWARD**
CITY-ST-ZIP **16940 BAYSTREET #207N
JUPITER FL 33477**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **WINKLER, JAN**
CITY-ST-ZIP **16910 BAYSTREET #304
JUPITER FL 33477**

TITLE ☒ Change ☒ Addition
NAME **SD**
STREET ADDRESS **Lynn Griscorn**
CITY-ST-ZIP **16910 Bay Street
Jupiter FL 33477**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COHEN, DONNA**
CITY-ST-ZIP **16940 BAYSTREET #206N
JUPITER FL 33477**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BONSIGROVE, VINCENT**
CITY-ST-ZIP **16940 BAYSTREET #207N
JUPITER FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/02

CR2E037 (9/01)