
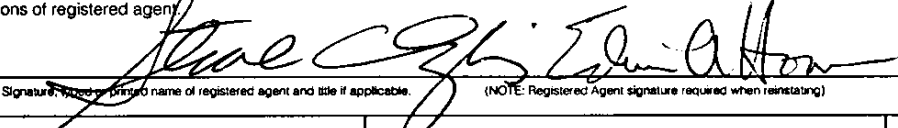
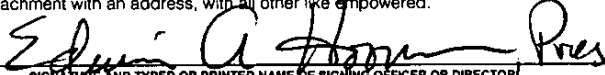


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90861 011 ****61.25

DOCUMENT # 755872 1. Entity Name THE ANCHORAGE AT JONATHAN'S LANDING CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 16840 BAY ST JUPITER, FL 33477 US		Mailing Address C/O CAPITAL REALTY ADVISOR, INC. 600 SANDTREE DR, STE 109 PALM BCH GARDENS, FL 33409 US	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address C/O BRISTOL MANAGEMENT SVCS, INC 1930 COMMERCE LANE, STE 1	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State JUPITER, FL	
Zip 	Country 	Zip 33458	Country US
4. FEI Number 59-2164186		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS, INC. 600 RAINTREE DR, STE 109 PALM BCH GARDENS, FL 33409		7. Name and Address of New Registered Agent Name INGLIS, STEVE Street Address (P.O. Box Number is Not Acceptable) C/O BRISTOL MANAGEMENT SERVICES, INC 1930 COMMERCE LANE, STE # 1 City JUPITER FL Zip Code 33458	
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  4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 GALLAGHER, JOHN 16940 BAY ST, # 507 N JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALOY, PAUL 16940 BAY ST, # 404-N JUPITER, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOOVER, ED 16940 BAY ST, # 205 N JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOVER, ED 16940 BAY ST, # 205-N JUPITER, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLEAN, MARILYN 16940 BAY ST, # 305 N JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR TROAST 16910 BAY ST, # 501-E JUPITER, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRISCOM, LYNN 16910 BAY ST, # 504-E JUPITER, FL 33477 <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	D CONTI, EMIL 16940 BAY ST, # 207 N JUPITER, FL 33477 <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	D MCEWEN, PEGGY 16910 BAY ST, # 302 E JUPITER, FL 33477 <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 all other like empowered.			
SIGNATURE:  Pres. April 24, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

60045916

