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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:25

DOCUMENT # **N19272** **(6)**

1. Corporation Name

BARROW ISLAND AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
JONATHAN'S LANDING 17290 JONATHAN DRIVE JUPITER FL 33477	JONATHAN'S LANDING 17290 JONATHAN DRIVE JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1987
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0004068 ☐ 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 Dickinson Management, Inc.	26 Dickinson Management, Inc.
Suite, Apt. #, etc. 22 400 Toney Penna Drive	Suite, Apt. #, etc. 27 400 Toney Penna Drive
City & State 23 Jupiter, FL 33458	City & State 28 Jupiter, FL 33458
Zip 24 33458 Country 25 PB	Zip 29 33458 Country 30 PB

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Sheridan M. Springer
82 Street Address (P.O. Box Number is Not Acceptable): Dickinson Management, Inc.
83: 400 Toney Penna Drive
84 City: Jupiter FL 85 Zip Code: 33458

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: Sheridan M. Springer — 3-24-95
(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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	COMBS, CRAIG L	12 NAME	Evans, Max	
STREET ADDRESS	17290 JONTHAN DRIVE	13 STREET ADDRESS	400 Toney Penna Drive	
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	WIER, WILLIAM W	22 NAME	Eason, Gerald	
STREET ADDRESS	17290 JONTHAN DRIVE	23 STREET ADDRESS	400 Toney Penna Drive	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	PAPAGEORGE, TERRI	32 NAME	Kindwall, Nils	
STREET ADDRESS	17290 JONATHAN DR	33 STREET ADDRESS	400 Toney Penna Drive	
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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, added or deleted.

SIGNATURE: _____ 3-24-95 741-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001B068