

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90011 042 ****61.25

DOCUMENT # N19272

1. Entity Name

BARROW ISLAND AT JONATHAN'S LANDING HOMEOWNERS A

Principal Place of Business

DICKINSON MGMT INC
 400 TONEY PENNA DR
 JUPITER FL 33458
 US

Mailing Address

DICKINSON MGMT INC
 400 TONEY PENNA DR
 JUPITER FL 33458
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0004068

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

DANNER, MANFRED
 C/O DICKINSON MGMT INC
 400 TONEY PENNA DR
 JUPITER FL 33458

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 PD ☒ Delete
 NAME KINDWALL, N
 STREET ADDRESS 400 TONEY PENNA DR
 CITY-ST-ZIP JUPITER FL

TITLE VPD ☐ Change ☒ Addition
 NAME MOFFAT, JOHN W.
 STREET ADDRESS 3329 BRIDGEGATE DR
 CITY-ST-ZIP JUPITER FL 33477

TITLE SDTD ☐ Delete
 NAME MCMINDES, R
 STREET ADDRESS 400 TONEY PENNA DR
 CITY-ST-ZIP JUPITER FL

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

TITLE VD ☐ Delete
 NAME MCGUIRE, DENNIS
 STREET ADDRESS 400 TONEY PENNA DR
 CITY-ST-ZIP JUPITER FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

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 #

561-747-5505

CR2E037 (10/00)