

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90021 023 ****61.25

DOCUMENT # N19272

1. Entity Name

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

Principal Place of Business

Mailing Address

**DICKINSON MGMT INC
400 TONEY PENNA DR
JUPITER FL 33458
US****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

Zip

Country

Zip

Country

4. FEI Number

65-0004068

Applied For

Not Applicable

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 \$61.259. 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	VPD	☐ Delete
NAME	MOFFAT, JOHN	
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	PD	☐ Delete
NAME	MCGUIRE, DENNIS	
STREET ADDRESS	400 TONEY PENNA DR	
CITY-ST-ZIP	JUPITER FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	400 Toney Penna Drive	
CITY-ST-ZIP	Jupiter, FL 33458	

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

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

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

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

CR2E037 (9/01)