

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90324 039 ****61.25

DOCUMENT # N19272					
1. Entity Name BARROW ISLAND AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC.					
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			
Zip	Country	Zip	Country	4. FEI Number 65-0004068	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANNER, MANFRED C/O DICKINSON MGMT INC 400 TONEY PENNA DR JUPITER, FL 33458			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$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 VPD NAME MOFFAT, JOHN STREET ADDRESS 400 TONEY PENNA DRIVE CITY-ST-ZIP JUPITER, FL 33458	☐ Delete		TITLE S/T/D NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☒ Change ☐ Addition	
TITLE SDTD NAME MCMINDES, R STREET ADDRESS 400 TONEY PENNA DR CITY-ST-ZIP JUPITER, FL	☒ Delete		TITLE VP NAME Amato, John STREET ADDRESS 400 Toney Penna Drive CITY-ST-ZIP Jupiter, FL 33458	☐ Change ☒ Addition	
TITLE PD NAME MCGUIRE, DENNIS STREET ADDRESS 400 TONEY PENNA DR CITY-ST-ZIP JUPITER, FL	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
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: <u>Manfred G. Danner</u> as agent & Regional Prop. Mgr.--561-747-5505					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3/31/04 Daytime Phone #					
MANFRED G. DANNER					

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