2005 NOT-FOR-PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Apr 28, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N19272 04-28-2005 90186 011 ****61.25 BARROW ISLAND AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1300 -DICKINSON MGMT INC **DICKINSON MGMT INC 400 TONEY PENNA DR 400 TONEY PENNA DR** JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04122005 Chg-NP CR2E037 (10/03) 4. FEI Number Applied For City & State City & State 65-0004068 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent McGuire ennis DANNER-MANFRED Street Address (P.O. Box Number is Not Acceptable) C/O DICKINSON MGMT INC 400 TONEY PENNA DR JUPITER, FL 33458)rive loneu 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITI E Change ☐ Addition TITLE Delete NAME MOFFAT, JOHN NAME STREET ADDRESS 400 TONEY PENNA DRIVE STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP CITY-ST-7IP ☐ Delete Change TITLE TITI F Addition AMATO, JOHN NAME NAME 400 TONEY PENNA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME MCGUIRE, DENNIS NAME STREET ADDRESS 400 TONEY PENNA DR STREET ADDRESS JUPITER, FL CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Channe Channe

☐ 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.

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☐ Defete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date