## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N19272**

1. Entity Name

## BARROW ISLAND AT JONATHAN'S LANDING HOMEOWNERS A SSOCIATION, INC.



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90100 039 \*\*\*\*61.25

Change

Change

☐ Addition

☐ Addition

Principal Place of Business DICKINSON MGMT INC		Mailing Address DICKINSON MGMT INC							
DICKINSON MGMT INC 400 TONEY PENNA DR JUPITER FL 33458 US		400 TONEY PENNA DR JUPITER FL 33458 US			 			<b>i</b>	<b>a</b> n <b>a</b> an ian
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0004068				pplied For lot Applicable
Zip	Country	Zip Cou		intry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
_ ·	6. Name and Address of Current	gistered Agent		7. Name and Address of New Registered Agent					
				Name					
DANNER, M/ C/O DICKINS	IANFRED ISON MGMT INC			Street Addres	ss (P.O. Box Number is N	lot Acceptable	)		
400 TONEY									
JUPITER FL	. 33458			City	FL   Zip				de
. B. The above har			ts reaister	ed office or real:	stered agent, or both, in .	ine State of Fig.	ноа. гап	ı familiar with	, and accept i
the obligations	nature, typed or printed name of registered agent			*****	stered agent, or both, in uired when reinstating)	The State of Fio	DATE	n familiar with	, and accept
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the obligations SIGNATURE	gnature, typed or printed name of registered agent a  LE NOW: FEE IS \$61.25	and title if applicable. (NC  9. Election Ca  Trust Fund	OTE: Registere	d Agent signature req	uired when reinstating)	Mal Florid	DATE ke Ched a Depa	ck Payable	to State
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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 in 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 empoyered 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

MAN REQUIRED

☐ Delete

☐ Delete

3/19/03