

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N27372 (4)**

1. Corporation Name  
**CASSEEKEY ISLAND AT JONATHAN'S LANDING HOMEOWNER S' ASSOCIATION, INC.**



Principal Place of Business: **400 TONEY PENNA DRIVE JUPITER FL 33458 US**  
Mailing Address: **400 TONEY PENNA DRIVE JUPITER FL 33458 US**

3. Date incorporated or Qualified: **07/12/1988**  
3a. Date of Last Report: **03/07/1995**  
4. FEI Number: **65-0075730**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **SPRINGER, SHERIDAN M DICKINSON MANAGEMENT, INC 400 TONEY PENNA DRIVE JUPITER FL 33458**  
10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HARRISON, ALLEN 400 TONEY PENNA DRIVE JUPITER FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ALLEN	1.2 NAME	
STREET ADDRESS	400 TONEY PENNA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	VD ADAMS, JAMES K 400 TONEY PENNA DRIVE JUPITER FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JAMES K	2.2 NAME	UP Phillip Taylor
STREET ADDRESS	400 TONEY PENNA DRIVE	2.3 STREET ADDRESS	400 Toney Penna Drive
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	TD HOLZHAUER, ADAM O 400 TONEY PENNA DRIVE JUPITER FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLZHAUER, ADAM O	3.2 NAME	SO Ira Stern
STREET ADDRESS	400 TONEY PENNA DRIVE	3.3 STREET ADDRESS	400 Toney Penna Drive
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500001808565
STREET ADDRESS		5.3 STREET ADDRESS	-05/06/96--01024--035
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Allen Harrison Allen Harrison, President 4-8-96 407-747-5505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)