

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33458-5713 US
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3. Date Incorporated or Qualified 07/12/1988	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 65-0075730	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, PHILLIP	2.2 NAME	
STREET ADDRESS	400 TONEY PENNA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERN, IRA	3.2 NAME	THOMPSON, WARREN
STREET ADDRESS	400 TONEY PENNA DR	3.3 STREET ADDRESS	400 TONEY PENNA DRIVE
CITY-ST-ZIP	JUPITER FL 33458	3.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dallen Harrison* **REQUIRE Dallen Harrison** 4/17/97 (661) 576-3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043490

CR2E037 (9/96)