FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N27372

(4)

CASSEEKEY ISLAND AT JONATHAN'S LANDING HOMEOWNER S' ASSOCIATION, INC.

FILED Mar 27 1998 8:00am Secretary of State

-		01 3 11 01811 0181	

Principal Place	of Business	Mailing Address				I JOODIUGI OLE FRON TROOD ININ TORTE NION ORDIN OVERN ONDIN ONDIN THOM TOUR
400 TONEY PER JUPITER FL 334		400 TONEY PENNA DRIVI JUPITER FL 33458	E			3. Date Incorporated or Qualified 07/12/1988
US		U\$				4. FEI Number Applied For
						65-0075730 Not Applicable
2. Principal Pi	ace of Business	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional Fee Regulard
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27				Trust Fund Contribution
City & State	•	City & State				7. Is this nonprofit corporation a homeowners association? [29] Yes No
Zip	Country	Zip	Coi	untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	•		Personal Property Tax due June 30. Yes No
541	9. Name and Address of Currer		1001	T		10. Name and Address of New Registered Agent
				81	Name	
SPRINGI	er, sheridan m			82	Street A	Address (P.O. Box Number is Not Acceptable)
DICKINS	ON MANAGEMENT, INC					
	iey penna drive			83		
JUPITER	FL 33458			84	City	FL 85 Zip Code
11 Purcuent	to the provisions of Sections 617 050	12 and 617 1508 Florida State	ites the a	hove	named	learnessies as hardes this statement for the nurseus of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by t	he corp	poration's board of directors. I hereby accept the appointment as registered
				11.	1	
SIGNATURE	Sheridan M. Signature, typed or printed name of registered ago	ent and title if applicable. (NC		d Agent	signature	e required when reinstating) DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 T			VP/D ☐ Change 🖾 Addition
NAME	HARRISON, ALLEN			AME		HART, JOAN
STREET ADDRESS	400 TONEY PENNA DRIVE		1.3 \$	TREET A	DDRESS	400 Toney Penna Drive
CITY-ST-ZIP	JUPITER FL 33458	Earl Deverse		ITY-ST-		Jupiter, FL 33458 Change X Addition
TITLE	STD	DELETE	2.1 T			1-7-7-
NAME	TAYLOR, PHILLIP		2.2 N			MORTIMER, FRANKLIN J.
STREET ADDRESS	400 TONEY PENNA DRIVE			TREET A	- 1	400 Toney Penna Drive
CITY-ST-ZIP	JUPITER FL	☐ DELETE	2. 4 3.1 T	CITY - ST	- ZIP	Jupiter, FL 33458
TITLE	THOMBOON WADDEN	[_] octete		AME		P/D & Change L Addition
NAME	THOMPSON, WARREN			KANNE Street al	DDDLCC	
STREET ADDRESS	400 TONEY PENNA DR JUPITER FL			CITY-ST-		
CITY-ST-ZIP TITLE	VOCHENTE	☐ DELETÉ	4,1 7		- LIF	Change Addition
NAME			1	NAME	j	
STREET ADDRESS				TREET A	DDRESS	
CITY-ST-ZIP				HY-ST-		
TITLE		DELETE	5.1 1			☐ Change ☐ Addition
NAME			5.21	IAME		
STREET ADDRESS			5.3,6	STREET A	DDAESS	
CITY-ST-ZIP				спу-ст-		
TITLE		DELETE	6.11	IJLE		☐ Change ☐ Addition
NAME			/ 62)	AME	ļ	
STREET ADDRESS	,	/	6/38	STREET A	DDRESS	
CITY-ST-ZIP			6.40	CITY-ST-	- ZIP	
14. I hereby o	pertify that the information supplied w	vith this filing does not dualify	for the ex	emption	on state	ed in Section 119.07(3)(I), Florida Statutes. I further certify that the information

I. I hereby certify that the information supplied with this filling does not duality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of 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 of trustee employeed 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.

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3/24/98