## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # N27372** Mar 21, 2000 8:00 am Secretary of State 1. Entity Name CASSEEKEY ISLAND AT JONATHAN'S LANDING HOMEOWNER 03-21-2000 90036 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 400 TONEY PENNA DRIVE 400 TÔNEY PENNA DRIVE JUPITER FL 33458-5713 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0075730 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPRINGER, SHERIDAN M DICKINSON MANAGEMENT, INC **400 TONEY PENNA DRIVE** City Zip Code FL JUPITER FL 33458 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to \$5.00 May Be FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change Addition HART, JOAN STREET ADDRESS

10. TITLE NAME 400 TONEY PENNA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 P/D TITLE XX Change Addition ☐ Delete TITLE. NAME MORTIMER, FRANKLIN NAME STREET ADDRESS STREET ADDRESS **400 TONEY PENNA DRIVE** CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change Addition **X** XDelete TITLE S/T/D TITLE BUONAUITO, GUSTIN 400 TONEY PENNA DR THOMPSON, WARREN NAME NAME STREET ADDRESS STREET ADDRESS 400 TONEY PENNA DR JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Deleta TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

MANFRED DANNER

GNATURE AND TYPED OR PRINTED NAME BOOMINGS FIGHT MANERS ER

03-8-00

561-747-5505

Daytime Phone #