

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N27657 (8)

1. Corporation Name
WEST BAY AT JONATHAN'S LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**400 TONEY PENNA DR.
505 SOUTH FLAGLER DRIVE
JUPITER FL 33458
US**

Mailing Address
**400 TONEY PENNA DR.
JUPITER FL 33458
US**

3. Date Incorporated or Qualified
07/28/1988

3a. Date of Last Report
05/19/1995

2. Principal Place of Business
21 **W. Bay at J.L. Condo Assoc**
Suite, Apt. #, etc.
22 **103 S. US 1, F5-135**
City & State
23 **Jupiter, FL**
Zip
24 **33458** Country
25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27 **103 S. US 1, F5-135**
City & State
28 **Jupiter, FL**
Zip
29 **33458** Country
30 **USA**

4. FEI Number
65-0108127

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent
**MCVICAR, LEONARD H.
400 TONEY PENNA DRIVE
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name **Steve Inglis**

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Bristol Mgmt. Svc.

83 **103 S. US 1, F5-135**

84 City **Jupiter, FL** 85 Zip Code **33458**

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 *Steve Inglis*
Signature, typed or printed name of registered agent and title if applicable

DATE **4-1-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | NICHOLS, JAN | |
| STREET ADDRESS | 3910 BACK BAY DRIVE, #133 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | MCKEE, HOWARD | |
| STREET ADDRESS | 16071 WEST BAY DRIVE, #167 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MASCIA, EMIL | |
| STREET ADDRESS | 16151 WEST BAY DRIVE, #260 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MIHALEK, THOMAS | |
| STREET ADDRESS | 16101 WEST BAY DRIVE, #164 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RUBINSTEIN, DANIEL | |
| STREET ADDRESS | 16151 WEST BAY DRIVE, #160 | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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: *Jan B. Nichols President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/1/96** (407) 242-8611
DATE TIME PHONE #

CR2E037 (12/95)