NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

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DOCUI 1. Corporation	MENT # N27657				-							
WEST BALLION.	ay at Jonathan's Landin Inc.	ig condom	inium ass	OC				281255 - 90	870 - 2 7		j	
Principal Place	of Business	Mailing Addre	SS							-:		
103 SOUTH US JUPITER FL 33 US		103 S US 1. F JUPITER FL 3 US										
2. Principal Pl	ace of Business	2a. Mailing Ad	Idress			3	Date Incorporate	or Qualifed				
21		26					07/28/1988			1		
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.			1	65-0108127		 	Applie	oplicable	
22		27 City & Sta	to '	- · -					\$8.7	5 Addi		
City.&.State	3, <u></u>	28	110				5. Certificate of Stat	us Desired	, , , , , , , , , , , , , , , , , , , ,	Reguir		
23 Zip	Country	Zip		Country	,	1	6. Election Campaig	n Financing	\$5.	00 Ma	y Be	
24	25	29	30]			Trust Fund Contr			ed to F	885	
	9. Name and Address of Current	Registered Ager	nt			10	. Name and Addr	ess of New Re	gistered Agent			
				81	Name							
INGLIS, ST	TEVE			82	Street	Address	(P.O. Box Number i	Not Acceptable	e)			
C/O BRISTOL MANAGEMENT SERVICES				83								
103 S US 1, F5-135				*`	1							
JUPITER F	FL 33458			84	City				FL 85	Zip Code	e	
11 Discussed	to the provisions of Sections 617.0502	and 617 1508 FI	orida Statutes	the abov	/e-named	corporati	on submits this state	ement for the pu	more of changin	g its reg	istered	
office or n	to the provisions of Sections 617.0502 egistered egent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such ch	ange was authorida	orized by	the corp	oration's	board of directors. I	hereby accept t	the appointment a	s registi	bene	
	m lamiliai widi, and accept the congain	Oris Or, Section Or	11.0000, 1101100		٠.							
SIGNATURE												١ .
	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Re		nt signature	edw periuper	n retretating)	TOPO TO OFFI	GATE	CTOPS	IN 12	8
12.	OFFICERS AND	DIRECTORS		13.	ent signature	required whe	n refreshing) ADDITIONS/CHAP	NGES TO OFFI	CERS AND DIRE			11/98)
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4. 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 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, with all other like empowered.

SIGNATURE:	MULLING HOLLINGE REMEMBEL