FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N34735

(3)

JONATHAN'S ISLAND AT JONATHAN'S LANDING HOMEOWNE

RS ASSOCIATION, INC.												
Principal Place of Business			Mailing Address					T 1881/181 866 (1616 8/816 1888) 15/81 1	dar ald al Oldar Da	TU CIBU DU	611 0 1011 1001	
JONATHAN'S LANDING 17290 JONATHAN DR JUPITER FL 33477			P.O. BOX 4586 TEOUESTA FL 33469-9586 US					,				
								3. Date Incorporated or Qualified 10/16/1989	3a. Date 0	of Last Re /26/19 9	eport 36	
2. Principal P	lace of Business	2a. I	Mailing Address					4. FEI Number 65-0157183			plied For t Applicable	
Suite, Apt #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	0		City & State					6. Election Campaign Financing		\$5.00		
Zip	Country	28	Zip	Co	untry			Trust Fund Contribution	otangible tay	Added to		
24	25	29	29 30					This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Curre	nt Registe	ered Agent		L,			10. Name and Address of New Re	latered Age	nt		
	ALIBIATARI IPA B				81	Name						
STRAND, CHRISTOPHER P. 71 WILLOW RD			82 Street Ad			Addre	ss (P.O. Box Number is Not Acceptab	le)				
	STA FL 33469				83							
					84	City			FL 8	15 Zip (Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 61	7 1508. Florida Statu	ites the a	bove	-named	ogroo	ration submits this statement for the o		anging it	s registered	
office or a	registered agent, or both, in the State	of Florida	a. Such change was Section 617.0503. F	authorize lorida Sta	d by	the cor	poratio	ration submits this statement for the p n's board of directors. I hereby accep	t the appoint	ment as	registered	
SIGNATURE		,				-						
	Signature, typed or printed name of registered ag					nl Bignatur	required	when reinstating)	DATE			
12.	OFFICERS AN	ID DIREC	TORS DELETE	13.			1	ADDITIONS/CHANGES TO OFFIC		RECTOR Change	S IN 12	
TITLE NAME	PD Johnson, Robert L				1.1 TITLE 1.2 NAME				<u></u>	CHAING	L. ADDITION	
STREET ADDRESS	3376 BARROW ISLAND RD.			- 8		ADDRESS	l					
CITY - ST - ZIP	JUPITER FL			1	CITY-S							
TITLE	VD		DELETE	2.1 1						Change	Addition	
NAME	FAILE, DAVID H.			2.21	NAME							
STREET ADDRESS	3384 BARROW ISLAND ROA	D		2.3 5	TREET	ADDRESS	[
CITY - ST - ZIP	JUPITER FL			2.4	CITY-S	ST-ZIP						
TITLE	STD		DELETE	3.17	TILE		Ly	nn Nicholson		Change	Addition	
NAME	TERNES, HOWARD			1	NAME		ST	D 100 Barrow Island Rd. LPiter, Fl. 33471				
STREET ADDRESS	3404 BARROW ISLAND DR.					ADDRESS	34	00 Damoussiand Ko.			,	
CITY-ST-ZIP	JUPITER FL		DELETE			ST-ZIP	Ji	Piter, F1. 33411		Change	Addition	
TITLE			☐ Dereie		ITLE				L	Change	L. Addition	
NAME	1			8	NAME		l					
STREET ADDRESS						ADDRESS						
CITY - ST - 71P TITLE			☐ DELETE		OTY-S	I-ZIP	 			Change	Addition	
NAME			peccie		NAME					Change	/idention	
ł						ADDRESS	1					
STREET ADDRESS												
CHY-ST-ZIP THLE			☐ DELETE		OTY - S	11-211	 			Change	Addition	
NAME					NAME				_			
STREET ADDRESS	1					ADDRESS	}					

SIGNATURE

PARTIES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT Tohnson 03/18/97 (561)744-2788

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 12 or Block 12 or on an attachment with an address.