

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90104 010 ****61.25

DOCUMENT # N34735

1. Entity Name

JONATHAN'S ISLAND AT JONATHAN'S LANDING HOMEOWNE

Principal Place of Business

Mailing Address

**JONATHAN'S LANDING
 17290 JONATHAN DR
 JUPITER FL 33477**

**P.O. BOX 4586
 TEQUESTA FL 33469-1023
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0157183

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAND, CHRISTOPHER P.
 71 WILLOW RD
 TEQUESTA FL 33469**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD JOHNSON, ROBERT L.**
 STREET ADDRESS **3376 BARROW ISLAND RD.**
 CITY-ST-ZIP **JUPITER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BURKE, PAUL**
 STREET ADDRESS **3356 BARROW ISLAND RD**
 CITY-ST-ZIP **JUPITER FL**

TITLE Change Addition
 NAME **Carol Chernoff STD**
 STREET ADDRESS **3396 Barrow Island Rd.**
 CITY-ST-ZIP **Jupiter, FL 33477**

TITLE Delete
 NAME **STD NICHOLSON, LYNN**
 STREET ADDRESS **3400 BORROW ISLAND RD**
 CITY-ST-ZIP **JUPITER FL**

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L Johnson **Robert L Johnson** 3/27/00 (561) 744-2788

Date

Daytime Phone #

CR2E037 (9/99)