

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 # 760869 (8)

1. Corporation Name

SOUTHORTE ONE AT JONATHAN'S LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**275 TONEY PENNA DR., STE. 10
JUPITER FL 33458**

**275 TONEY PENNA DR., STE. 10
JUPITER FL 33458**



3. Date Incorporated or Qualified

12/03/1981

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNRISE MANAGEMENT CO. OF THE PALM BCHES
275 TONEY PENNA DR., STE. 10
JUPITER FL 33458**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS ☐ DELETE
NAME BERKAW, ERNEST
STREET ADDRESS 3322 CASSEEKEY ISLAND
CITY-STATE-ZIP JUPITER FL

11 TITLE VP/S ☐ Change ☐ Addition
12 NAME Berkaw, Ernest
13 STREET ADDRESS 3322 Casseekey Island, #103
14 CITY-STATE-ZIP Jupiter, FL 33477

TITLE PD ☒ DELETE
NAME MCCALL, DUKE
STREET ADDRESS 3322 CASSEEKEY ISL, PH3
CITY-STATE-ZIP JUPITER FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE P ☐ DELETE
NAME CARTER, HARVEY
STREET ADDRESS 3322 CASSEEKEY ISL 904
CITY-STATE-ZIP JUPITER FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE D ☒ DELETE
NAME KAARI, RICHARD
STREET ADDRESS 3322 CASSEEKEY ISL 903
CITY-STATE-ZIP JUPITER FL

41 TITLE ☐ Change ☒ Addition
42 NAME Sutton, Michael
43 STREET ADDRESS 3322 Casseekey Island, #304
44 CITY-STATE-ZIP Jupiter, FL 33477

TITLE D ☐ DELETE
NAME ROLFE, JUSTIN
STREET ADDRESS 3322 CASSEEKEY ISL RD
CITY-STATE-ZIP JUPITER FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS 3322 Casseekey Island, #1003
54 CITY-STATE-ZIP

TITLE T ☐ DELETE
NAME CRAMPTON, THOMAS
STREET ADDRESS 3322 CASSEEKEY ISLE RD #601
CITY-STATE-ZIP JUPITER FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

744-2287

CR2E037 (12/95)