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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760869

1. Corporation Name

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

Principal Place of Business

275 TONEY PENNA DR
 STE. 7
 JUPITER FL 33458
 US

Mailing Address

275 TONEY PENNA DR
 STE. 7
 JUPITER FL 33458
 US



2. Principal Place of Business

21 185 E Indian town Rd

2a. Mailing Address

26 185 E Indian town Rd

3. Date Incorporated or Qualified

12/03/1981

Suite, Apt. #, etc.

22 #206

Suite, Apt. #, etc.

27 #206

4. FEI Number

59-2258359

Applied For

Not Applicable

City & State

23 Jupiter FL

City & State

28 Jupiter FL

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Zip

24 33477

Country

25 USA

Zip

29 33477

Country

30 USA

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SUNRISE MANAGEMENT CO. OF THE PALM BCHES
 275 TONE PENNA DR
 STE. 7
 JUPITER FL 33458

81 Name

Visions Community Management Inc

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

185 E Indian town Rd

83

5 Suite #206

84 City

Jupiter

FL

85 Zip Code

33477

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	BERKAW, ERNEST	
STREET ADDRESS	3322 CASSEEKEY ISLAND 103	
CITY-ST-ZIP	JUPITER FL	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARTER, HARVEY	
STREET ADDRESS	3322 CASSEEKEY ISL 904	
CITY-ST-ZIP	JUPITER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLFE, JUSTIN	
STREET ADDRESS	3322 CASSEEKEY ISLAND, 1003	
CITY-ST-ZIP	JUPITER FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRAMPTON, THOMAS	
STREET ADDRESS	3322 CASSEEKEY ISLE RD #601	
CITY-ST-ZIP	JUPITER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GORIN, NORMAN	
STREET ADDRESS	3222 CASSEEKEY ISLAND RD 702	
CITY-ST-ZIP	JUPITER FL 33477	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<u>VPS Charles Downs</u>
1.3 STREET ADDRESS	<u>3322 Casseekey Island Rd #1002</u>
1.4 CITY-ST-ZIP	<u>Jupiter, FL 33477</u>

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 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 [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

Daytime Phone #

CR2E037 (11/98)