


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90307 030 ****61.25

DOCUMENT # 760869 1. Entity Name SOUTHPORTE ONE AT JONATHAN'S LANDING CONDOMINIUM ASSOCIATION, INC.	
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20038921



Principal Place of Business CAPITAL REALTY ADVISORS 600 SANDTREE PLAZA STE 109 JUPITER, FL 33458 US	Mailing Address CAPITAL REALTY ADVISORS 600 SANDTREE PLAZA STE 109 JUPITER, FL 33458 US
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2. Principal Place of Business 600 SANDTREE DRIVE Suite, Apt. #, etc. STE 109 City & State PALM BCH GDNS, FL Zip 33403 Country US	3. Mailing Address 600 SANDTREE DRIVE Suite, Apt. #, etc. STE 109 City & State PALM BCH GDNS, FL Zip 33403 Country US
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03302005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2258359	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPITAL REALTY ADVISORS INC 600 SANDTREE PLAZA STE 109 PALM BEACH GARDENS, FL 33403	7. Name and Address of New Registered Agent Name DONNA MCDONALD Street Address (P.O. Box Number is Not Acceptable) c/o CAPITAL REALTY ADVISORS, INC. City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Donna McDonald</i> Signature, typed or printed name of registered agent and title if applicable.	4-8-05 DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REHNERG, RITA 3322 CASSEEKEY ISLAND RD., #304 JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REHNERG, RITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANTUCCI, KENNETH 3322 CASSEEKEY ISLAND RD., #202 JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, CHARLES 2479 FAIRWAY DRIVE YORK, PA 17404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWNS, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKS, HOWARD P.O. BOX 984 BROOKLANDVILLE, MD 21002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3322 CASSEEKEY ISLAND RD, #702 JUPITER, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANNON, PETER 3322 CASSEEKEY ISLAND RD., #1103 JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Stella B. Baker, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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