

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90397 040 \*\*\*\*61.25

**DOCUMENT # 760869**

1. Entity Name  
**SOUTHPORTE ONE AT JONATHAN'S LANDING  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**600 SANDTREE PLAZA  
STE 109  
PALM BCH GARDENS, FL 33403 US**

Mailing Address  
**600 SANDTREE PLAZA  
STE 109  
PALM BCH GARDENS, FL 33403 US**

40057635



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2258359**

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

**MCDONALD, DONNA  
C/O CAPITAL REALTY ADVISORS, INC  
600 SANDTREE PLAZA, STE 109  
PALM BEACH GARDENS, FL 33403**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME REHNBERG, RITA  
STREET ADDRESS 3322 CASSEEKEY ISLAND RD., #304  
CITY-ST-ZIP JUPITER, FL 33477

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~PD~~ ☐ Delete  
NAME DOWNS, CHARLES  
STREET ADDRESS 2479 FAIRWAY DRIVE  
CITY-ST-ZIP YORK, PA 17404

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~TD~~ ☐ Delete  
NAME MARKS, HOWARD  
STREET ADDRESS 3322 CASSEEKEY ISLAND RD, # 702  
CITY-ST-ZIP JUPITER, FL 33477

TITLE VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CANNON, PETER  
STREET ADDRESS 3322 CASSEEKEY ISLAND RD., #1103  
CITY-ST-ZIP JUPITER, FL 33477

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VIRGINIA MARKS ☐ Change ☒ Addition  
NAME 3322 Casseekey Island Rd. # 702  
STREET ADDRESS JUPITER, FL 33477  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME PATRICK HAMILTON  
STREET ADDRESS 3322 Casseekey Island Rd # 1004  
CITY-ST-ZIP JUPITER, FL 33477

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of Peter Cannon, President*

4/20/06 561-748-4416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #