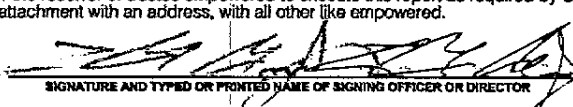


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N04077		
1. Entity Name HIDDEN COVE AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 16687 HIDDEN COVE DR JUPITER, FL 33477-1306	Mailing Address 16687 HIDDEN COVE DR JUPITER, FL 33477-1306	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		
CRAFT, DAVID W. 3418 N DIXIE HWY PO DRAWER E WEST PALM BEACH, FL 33407		DO NOT WRITE IN THIS SPACE
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 reappointing)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARRIS, GEORGE 16663 HIDDEN COVE DR JUPITER, FL 33477	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCREADY, ANNE-LEE 16625 HIDDEN COVE DR JUPITER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMER JR, ROBERT C. JUPITER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOOEY, DELORES ANN 16630 HIDDEN COVE DR JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELBOURN, CHARLES H 16637 HIDDEN COVE DRIVE JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2522105	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000549871
05/13/06-80037-018 61.25

**DO NOT WRITE
IN THIS SPACE**

4/16/06