2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04077

FILED Feb 26, 2009 Secretary of State

Entity Name: HIDDEN COVE AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 16687 HIDDEN COVE DR 16678 HIDDEN COVE DR JUPITER, FL 334771306 JUPITER, FL 334771305 **Current Mailing Address: New Mailing Address:** 16687 HIDDEN COVE DR 16678 HIDDEN COVE DR JUPITER, FL 334771306 JUPITER, FL 334771305 FEI Number: 59-2522105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAFT, DAVID W. 3418 N DIXIE HWY PO DRAWER E WEST PALM VEACH, FL 33407 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SARRIS, GEORGE Name: Name: 16663 HIDDEN COVE DR Address: Address: JUPITER, FL 33477 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete MCCREADY, ANNE-LEE Name: Name: MCCREADY, ANNE-LEE Address: 16625 HIDDEN COVE DR Address: 16625 HIDDEN COVE DR City-St-Zip: JUPITER, FL City-St-Zip: JUPITER, FL 33477 Title: () Delete Title: () Change () Addition WARREN, JOHN M Name: Name: 16678 HIDDEN COVE DR Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: () Delete Title: () Change () Addition MCCOOEY, DÉLORES ANN Name: Name: 16630 HIDDEN COVE DR Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: Title: () Delete () Change () Addition MELBOURN, CHARLES H Name: Name: 16637 HIDDEN COVE DRIVE Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H MELBOURN PD 02/26/2009