2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012838

me: JONATHAN'S BAY ASSOCIATION IN

FILED Apr 24, 2007 Secretary of State

Entity Name: JONATHAN'S BAY ASSOCIATION, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1044 CAST NAPLES, F	ELLO DRIVE L 34103	E, STE 206			
Current Mailing Address:			New Mailing Address:		
1044 CASTELLO DR., STE 206 NAPLES, FL 34103					
FEI Number: 20-4044851 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Ad				Address of New Registered Agent:	
SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 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:					
	Electro	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCHNEIDERN 3300 UNIVER		Title: Name: Address: City-St-Zip:	P (X) Change () Addition HUFF, SUSAN 6071 JONATHAN'S BAY CIRCLE, #12 FT. MYERS, FL 33908	
Title: Name: Address: City-St-Zip:	CROWELL, M 3300 UNIVER		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition MORRIS, PHILLIP 6021 JONATHAN'S BAY CIRCLE #302 FT. MYERS, FL 33908	
Title: Name: Address: City-St-Zip:	DIFIORE, COI 3300 UNIVER		Title: Name: Address: City-St-Zip:	ST (X) Change () Addition QUNELL, MARILYN 6031 JONATHAN'S BAY CIRCLE #302 FT. MYERS., FL 33908	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition COLE, PETER 6051 JONATHAN'S BAY CIRCLE, #302 FT. MYERS, FL 33908	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition D'AMICO, MARIE 6071 JONATHAN'S BAY CIRCLE, #402 FT. MYERS, FL 33908	

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN HUFF P 04/24/2007