

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90393 045 ****61.25

DOCUMENT # N19272

1. Entity Name
**BARROW ISLAND AT JONATHAN'S LANDING
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
**DICKINSON MGMT INC
400 TONEY PENNA DR
JUPITER, FL 33458 US**

Mailing Address
**DICKINSON MGMT INC
400 TONEY PENNA DR
JUPITER, FL 33458 US**



2. Principal Place of Business

SEACREST SERVICES, INC.

Suite, Apt. #, etc. **STE 175**

2400 CENTRE POIN W, DR.

City & State **WEST PALM BEACH, FL**

Zip **33409** Country **US**

3. Mailing Address

SEACREST SERVICES, INC.

Suite, Apt. #, etc. **STE 175**

2400 CENTRE POIN W, DR.

City & State **WEST PALM BEACH, FL**

Zip **33409** Country **US**

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0004068** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCGUIRE, DENNIS
C/O DICKINSON MGMT INC
400 TONEY PENNA DR
JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name **MOFFAT, JOHN**
Street Address (P.O. Box Number is Not Acceptable)
C/O SEACREST SERVICES, INC.
125 WINDY HAVEN RD
City **JUPITER** FL Zip Code **33458**

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 (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

TITLE **PD** ☐ Delete

NAME **MOFFAT, JOHN**

STREET ADDRESS **400 TONEY PENNA DRIVE**

CITY - ST - ZIP **JUPITER, FL 33458**

TITLE **VP** ☐ Delete

NAME **AMATO, JOHN**

STREET ADDRESS **400 TONEY PENNA DR**

CITY - ST - ZIP **JUPITER, FL 33458**

TITLE **PD** ☒ Delete

NAME **MCGUIRE, DENNIS**

STREET ADDRESS **400 TONEY PENNA DR**

CITY - ST - ZIP **JUPITER, FL**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition

NAME **MOFFAT, JOHN**

STREET ADDRESS **125 WINDY HAVEN RD STE 205**

CITY - ST - ZIP **JUPITER, FL 33458**

TITLE **VP** ☒ Change ☐ Addition

NAME **AMATO, JOHN**

STREET ADDRESS **125 WINDY HAVEN RD STE 205**

CITY - ST - ZIP **JUPITER, FL 33458**

TITLE **PD** ☐ Change ☒ Addition

NAME **MOFFAT, JOHN**

STREET ADDRESS **125 WINDY HAVEN RD STE 205**

CITY - ST - ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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 **JOHN MOFFAT** 3/21/06 561-745-6439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #