
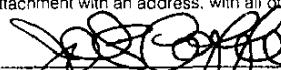


FILED
Apr 09, 2007 8:00 am
Secretary of State

4-00045-

DOCUMENT # N19272						04-09-2007 90084 015 ****61.25	
1. Entity Name BARROW ISLAND AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business SEACREST SERVICES, INC. 2400 CENTRE PARK WEST DR SUITE 175 WEST PALM BEACH, FL 33409 US				Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK WEST DR SUITE 175 WEST PALM BEACH, FL 33409 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MOFFAT, JOHN C/O SEACREST SERVICES, INC 125 WEST INDIAN TOWN RD JUPITER, FL 33458				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOFFAT, JOHN			NAME			
STREET ADDRESS	125 WEST INDIAN TOWN RD SUITE 205			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33458			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AMATO, JOHN			NAME			
STREET ADDRESS	125 INDIAN TOWN RD SUITE 205			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33458			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COFFEY, JOHN			NAME			
STREET ADDRESS	125 WEST INDIAN TOWN RD SUITE 205			STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33458			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 				4-507			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			