## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N19272**

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



	We we to	
DR (	SUITE 175 US	

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

04-09-2007 90084 015 \*\*\*\*61.25

Principal Place			_	Address			4.000					
SEACREST SE 2400 CENTR WEST PALM I	E PARK WES	T DR SUITE 175	2400	REST SERVICES, IN CENTRE PARK WI PALM BEACH, FL	EST DR SUITE				<b>i i i i i i i i i i</b> i i i i i i i i i	1014 01014 01814 <del>1</del> 11		
2. Principal Place of Business - No P.O. Box # 3. M			3. Maili	Mailing Address								
Suite, Apt. #, etc.		Sur	Suite, Apt. #, etc.			01042007	Chg-NP	CR2E	037 (12/06)			
City & State		City & State			4. FEI Number 65-00040							
Zip Country		Zip	ip Country		<del>-</del> :	5. Certificate of Status Desired   \$8.75 Additional Fee Required						
	6. Name	and Address of Current	Registere	d Agent			7. Name and Ad	dress of New I	Registered	l Agent		
MOFFAT, JOHN					Nam	Name .						
C/O SEACREST SERVICES, INC 125 WEST INDIAN TOWN RD JUPITER, FL 33458					Stree	Street Address (P.O. Box Number is Not Acceptable)						
					City		FL Zip Code					
		submits this statement for	or the purpo	se of changing its	registered offic	e or registe	red agent, or both,	in the State of F			and accept	
the obligat	ons of regist	ered agent.										
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOTE	E. Registered Agent si	gnature required	d when reinstating)		DATE		<del></del>	
Filing Fee is \$61.25 9. Due by May 1, 2007				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 11				11,		ADDITIONS/CHAN	GES TO OFFICE	ERS AND C	IRECTORS IN	10 -		
TITLE .	PD			☐ Defete	TITLE					☐ Change	Addition	
NAME	MOFFAT,		. UTE 205		NAME ATREET ARROSS							
STREET ADDRESS CITY-ST-ZIP		FINDIAN,TOWN RD S FL 33458	OFFE 205		STREET ADDRE	SS						
TITLE	VP	1 2 00,100			CITY-ST-ZIP							
	_ Berts			Dalela	CITY-ST-ZIP					Channe	□ Addition	
NAME	AMATO, J	OHN	- <u></u>	Delete	TITLE NAME				<del></del>		Addition	
STREET ADDRESS	125 INDIA	N TOWN RD SUITE 2	05	Delete	TITLE NAME STREET ADDRE	ss				☐ Change	Addition	
	125 INDIA JUPITER		05	☐ Delete	TITLE	SS					Addition	
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12. I hereby certify that the information supplied with this filling 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:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #