

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19272

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

ACCOUNTING DEPARTMENT INC
185 E INDIANTOWN RD STE 127
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

ACCOUNTING DEPARTMENT INC
185 E INDIANTOWN RD STE 127
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: 65-0004068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFAT, JOHN
C/O ACCOUNTING DEPT INC
185 E INDIANTOWN RD #127
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

MOFFAT, JOHN
C/O ACCOUNTING DEPARTMENT, INC.
185 E INDIANTOWN RD., STE. #127
JUPITER, FL 33477 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:

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOFFAT, JOHN
Address: 185 E INDIANTOWN RD STE 127
City-St-Zip: JUPITER, FL 33477

Title: VP () Delete
Name: COFFEY, JOHN
Address: 185 E INDIANTOWN RD STE 127
City-St-Zip: JUPITER, FL 33477

Title: STD () Delete
Name: PHILLIPS, ANTHONY
Address: 185 E INDIANTOWN RD STE 127
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOFFAT, JOHN
Address: 185 E INDIANTOWN RD., STE. 127
City-St-Zip: JUPITER, FL 33477

Title: VP (X) Change () Addition
Name: PHILLIPS, ANTHONY
Address: 185 E INDIANTOWN RD., STE. 127
City-St-Zip: JUPITER, FL 33477

Title: ST (X) Change () Addition
Name: MORRISSEY, MARY
Address: 185 E INDIANTOWN RD., STE. 127
City-St-Zip: JUPITER, FL 33477

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: JOHN MOFFAT

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date