2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N27372 03-16-2006 90237 026 ****61.25 1. Entity Name CASSEEKEY ISLAND AT JONATHAN'S LANDING HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 400 TONEY PENNA DRIVE JUPITER, EL 33458 US 400 TONEY PENNA DRIVE JUPITER, FL-33458 2. Principal Place of Business 3. Mailing Address 2400 (entrement W.D. Suite, Apt. #, etc 02172006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0075730 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUCE HARRIS DICKINSON, MANFRED G Street Address (P.O. Box Number is Not Acceptable) DICKINSON MANAGEMENT, INC. **400 TONEY PENNA DRIVE** JUPITER, FL 33458 3219 WEST CHANNEL City 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 arm familiar with, and accept the obligations of registered agent. BRUCE HARRIS SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VPD TITLE TITLE Delete MILLER, KATHY NAME NAME STREET ADDRESS 3156 CASSEEKEY ISLAND ROAD STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STUMBERGER, RAYMOND NAME NAME 16789 PORT ROYAL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP PRESIDE.T TITLE Addition ☐ Delete TITLE SANTUCI, KEHNETH CHICK NAME HARRIS, BRUCE NAME 3219 WEST CHANNEL CIRCLE STREET ADDRESS STREET ADDRESS ITEM, FL 33477 - VICIL PAGE DOLT CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 1 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.

AGMOND T. STUMBERGEN

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FILED

Mar 16, 2006 8:00 am