

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90032 028 ****61.25

DOCUMENT # N27372					
1. Entity Name CASSEEKEY ISLAND AT JONATHAN'S LANDING HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2400 CENTRE PARK W DR SUITE 175 WEST PALM BEACH, FL 33409 US			Mailing Address 2400 CENTRE PARK W DR SUITE 175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box # 3215 Casseekey Island Rd		3. Mailing Address c/o Capital Realty Advisors Suite, Apt. #, etc. 600 Sandtree Dr. #109			
City & State Jupiter, FL		City & State Palm Beach Gardens, FL		4. FEI Number 65-0075730	
Zip 33477		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02222007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent HARRIS, BRUCE 3219 WEST CHANNEL CIR JUPITER, FL 33477					
7. Name and Address of New Registered Agent Name: Donna McDonald Street Addr: Capital Realty Advisors, Inc. City: 600 Sandtree Dr. Ste. #109 Palm Beach Gardens, FL 33403					
8. The above named entity submits this statement for the purpose of changing its registered office or re the obligations of registered agent. SIGNATURE: <u>Donna McDonald</u> DATE: <u>3/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	STB Treasurer <input type="checkbox"/> Delete STUMBERGER, RAYMOND 16789 PORT ROYAL CIRCLE JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete HARRIS, BRUCE 3219 WEST CHANNEL CIRCLE JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete SANTUCCI, KENNETH 3220 WEST CHANNEL CIR JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Delete James Hart 3216 Casseekey Isld Jupiter FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Delete FRED J. LAUX 3183 CASSEE KEY ISLAND JUPITER FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Bernard Thomas Jr. 3259 West Channel Circle Jupiter FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/27/07</u>		Daytime Phone #: <u>561-424-5888</u>