

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90002 040 ****61.25

DOCUMENT # N33462

1. Entity Name

**SOUTHERN CAY AT JONATHAN'S LANDING HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**400 TONEY PENNA DRIVE
17290 JONATHAN DR
JUPITER FL 33458
US**

Mailing Address

**400 TONEY PENNA DRIVE
17290 JONATHAN DR
JUPITER FL 33458
US**

54024811



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0134771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKINSON MANAGEMENT INC
400 TONEY PENNA DRIVE
JUPITER FL 33458**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **TARANTO, ANGELO**
STREET ADDRESS **3496 SOUTHERN CAY DR**
CITY-ST-ZIP **JUPITER FL 33477**
President

TITLE ☐ Delete
NAME **WRIGHT, JACK**
STREET ADDRESS **3458 SOUTHERN CAY DR.**
CITY-ST-ZIP **JUPITER FL 33477**
Director

TITLE ☐ Delete
NAME **GERARD, JOHN**
STREET ADDRESS **3458 SOUTHERN CAY DR**
CITY-ST-ZIP **JUPITER FL 33477**
VP

TITLE ☐ Delete
NAME **GINGOLD, GILBERT**
STREET ADDRESS **3398 SOUTHERN CAY DR.**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete
NAME **WATSON, PAM**
STREET ADDRESS **3440 SOUTHERN CAY DR.**
CITY-ST-ZIP **JUPITER FL 33477**
Secretary

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/04