


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 24 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36711					
1. Entity Name JONATHAN HARBOUR COMMUNITY ASSOCIATION, INC.					
Principal Place of Business CLUB ROUSE 14562 JONATHAN HARBOUR DRIVE FT. MYERS, FL 33908 US			Mailing Address 14562 JONATHAN HARBOUR DRIVE FT. MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1459650	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, LYNN 14562 JONATHAN HARBOUR DRIVE FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name <u>Jonathan Harbour Community</u> Street Address (P.O. Box Number is Not Acceptable) <u>Kristy Kurzyniec</u> <u>14562 Jonathan Harbour Dr.</u> City <u>Fort Myers</u> FL <u>33908</u>		
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: <u>Richard D Levine</u> <u>Kristy Kurzyniec</u> 1/17/08 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIBEL, JOHN		NAME	600113266616	
STREET ADDRESS	17081 TIDEWATER LN.		STREET ADDRESS	12/19/07--01009--010 **236.25	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESCH, DON		NAME	600113266616	
STREET ADDRESS	17054 MARINA COVE LN		STREET ADDRESS	02/20/08--01008--010 **61.25	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUELE, BOB		NAME		
STREET ADDRESS	17038 MARINA COVE LANE		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, LYNN		NAME	Kristy Kurzyniec	
STREET ADDRESS	2255 CHAMDIEZ AVE		STREET ADDRESS	8243 Pacific Beach Dr.	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	Ft Myers, FL 33964	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, ARNOLD		NAME	Steven Adler	
STREET ADDRESS	14541 JONATHAN ARBOUR DR		STREET ADDRESS	14592 Jonathan Harbour Dr.	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers FL 33908	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, RICHARD		NAME	Richard Levine	
STREET ADDRESS	1207 LEE STREET		STREET ADDRESS	17071 Tidewater Fl 33905	
CITY-ST-ZIP	IMMOKALEE, FL 34142		CITY-ST-ZIP		
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>Richard D Levine</u> 1/17/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

1/17/08