FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:19

DOCUMENT # N41266 (0)

1. Corporation Name
JONATHAN'S LANDING YACHT CLUB, INC.

Principal Place of Business	Mailing Address
3434 SOUTHERN CAY DR JUPITER FL 33477	3434 SOUTHERN CAY DR JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1990
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0234624 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

9. Name and Address of Current Registered Agent

CLAUDON, CHESTER J.
3434 SOUTHERN CAY DRIVE
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP President	1.1 TITLE	D	☐ Change ☐ Addition
NAME	EVANS, MAX	1.2 NAME	JAMES ADAMS	
STREET ADDRESS	3360 BRIDGEGATE DR	1.3 STREET ADDRESS	3196 S Bay Circle	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Jupiter, Fla. 33477	
TITLE	D	2.1 TITLE	DS	☐ Change ☐ Addition
NAME	~~AVANGOS~~, ALEXANDER ARANYOS	2.2 NAME	WILLIAM BLUM	
STREET ADDRESS	3119 CASSEE KEY ISLAND RD	2.3 STREET ADDRESS	16940 Bay St. N503	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter Fla 33477	
TITLE	~~D~~	3.1 TITLE	D	☒ Change ☐ Addition
NAME	~~HOZHAUEN, CAROL~~	3.2 NAME	BERNARD CAMPBELL	
STREET ADDRESS	~~3229 W CHANNEL CIR~~	3.3 STREET ADDRESS	17194 Bay Street	
CITY-ST-ZIP	~~JUPITER FL~~	3.4 CITY-ST-ZIP	Jupiter, Fla 33477	
TITLE	D T	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~MUNATORE~~, CARMINE MURATORE	4.2 NAME	GENE FLOTRON	
STREET ADDRESS	16757 PORT ROYAL CIR	4.3 STREET ADDRESS	16856 Passage South	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	Jupiter Fla 33477	
TITLE	~~D~~	5.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, ROBERT P.	5.2 NAME		
STREET ADDRESS	16910 BAY STREET #E303	5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP		
TITLE	D V	6.1 TITLE		☐ Change ☐ Addition
NAME	STOCK, HUGH	6.2 NAME		
STREET ADDRESS	16904 PASSAGE SOUTH	6.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Max E. Evans, Pres. Mar 3, 1995 (407) 746-4189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Max E. Evans

0061451