2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41286

FILED Apr 25, 2005 Secretary of State

Entity Name: BAY HEAD AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: BAY STREET JUPITER, FL 33477 US **Current Mailing Address: New Mailing Address:** C/O ASSOCIATION MANAGERS, INC P. O. BOX 4586 TEQUESTA, FL 33469 FEI Number: 65-0242033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRAND, CHRISTOPHER P 71 WILLÓW ROAD TEQUESTA, FL 33469 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LAINO, MICHAEL V LAINO, MICHAEL V Name: Name: 16866 BAY STREET Address: 16866 BAY STREET Address: City-St-Zip: JUPITER, FL City-St-Zip: JUPITER, FL Title: DV Title: (X) Change () Addition () Delete CORCORAN, PETER Name: CORCORAN, PETER Name: Address: 16818 BAY ST Address: 16818 BAY ST City-St-Zip: JUPITER, FL City-St-Zip: JUPITER, FL Title: DST () Delete Title: (X) Change () Addition CROCKER, DAVENPORT B CROCKER, DAVENPORT B Name: Name: Address: 16878 BAY ST Address: 16878 BAY ST City-St-Zip: JUPITER, FL City-St-Zip: JUPITER, FL Title: () Delete Title: D () Change (X) Addition Name: Name: LIBRA, LIBRA Address: Address: 16842 BAY STREET City-St-Zip: City-St-Zip: JUPITER, FL 33477 Title: () Delete Title: () Change (X) Addition LECHASE, RAYMOND Name: Name: 16830 BAY STREET Address: Address: City-St-Zip: City-St-Zip: JUPITER, FL 33477 Title: () Delete Title: () Change (X) Addition MCLAFERTY, MIKE Name: Name: Address: Address: 16854 BAY STREET JUPITER, FL 33477 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CORCORAN PD 04/25/2005