2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

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1. Entity Name

LONGSHORE AT JONATHAN'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address 1930 COMMERCE LANE 1930 COMMERCE LANE 60025152 JUPITER, FL 33458 JUPITER, FL 33458 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E037 (11/05) Chg-NP 4. FEI Number 65-0314725 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Žip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INGLIS, STEVE Street Address (P.O. Box Number is Not Acceptable) 1930 COMMERCE LANE #1 JUPITER, FL 33458 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition Change SMITH DAVID
SMITH DAVID
SMITH DAVID
3758 LONG VIEW CT.
3758 FL 3347) PD TITLE TITLE Delete REMY, PHYLLIS NAME NAME STREET ADDRESS .3918 N. LONGVIEW DR. STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33477 CITY-ST-ZIP SUTHERLAND, VICTOR Change Addition 3862 N. LONG-VIEW CT Delete TITLE SD TITLE NAME JEBAY, JEAN NAME 3886 N. LONGVIEW DR. STREET ADDRESS STREET ADDRESS SUPITER, FL33477 JUPITER, EL 33477 CITY-ST-ZIP CITY-ST-ZIF SNOOK, CHRIS TITLE TD Delete TITLE 3870 N. LONG VIEWCT. NAME TEBAY, JAMES STREET ADDRESS 3886 N. LONGVIEW UR STREET ADDRESS JUPITER, FL 33477-CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE

12. I hereby certify that the information supplied with this fiting 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 of tubetee 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 other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #