

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90034 042 ****61.25

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1. Corporation Name

JONATHANS GROVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

~~229 PASADENA PL~~
~~SUITE 100~~
~~ORLANDO FL 32803~~
US

Mailing Address

~~P O BOX 560235~~
~~314 NE 3RD ST~~
~~ORLANDO FL 32856-0235~~
US



2. Principal Place of Business

21 1416 Concord St. East

2a. Mailing Address

26 PO Box 531010

3. Date Incorporated or Qualified

03/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0323468

Applied For

Not Applicable

City & State

23 Orlando FL

City & State

28 Orlando FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

24 32803

Country

25 US

Zip

29 32853-1010

Country

30 US

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JACK B HANSON~~

~~229 PASADENA PLACE SUITE 100~~

~~ORLANDO FL 32803~~

81 Name

The Melrose Mgmt. Group

82 Street Address (P.O. Box Number is Not Acceptable)

83 1416 Concord Street East

84 Orlando

FL

85 32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
DUNN, THOMAS P
STREET ADDRESS 4 HARVARD CIRCLE
CITY-ST-ZIP W. PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME SD
LANDSBERG, MARK
STREET ADDRESS 4 HARVARD CIRCLE
CITY-ST-ZIP W. PALM BEACH FL 33409

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME VPD
DICKINSON, CAROLINE S
STREET ADDRESS 4 HARVARD CIRCLE
CITY-ST-ZIP W. PALM BEACH FL 33409

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99

228-4181

CR2E037 (1/1/98)