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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N95000003608 (5)

THE HARBOUR AT JONATHAN'S LANDING HOMEOWNERS' AS SOCIATION, INC.

| TILLI | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|
| Feb 13 1998 8:00am | | | | | | | | |
| Secretary of State | | | | | | | | |
| | | | | | | | | |

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| SOCIATION, INC. | | | | | | | | |
|---|--|-----------------------------|-------------------------------------|----------------|------------------------------|--|-----------------------------|---|
| Principal Place of Business Mailing Address | | | | | | - I HOULD OUR COLO BRANK DOUGH DEFIN BRANK DEAK | ODIAL ITAL BALL | |
| 1001 NORTH L | S HIGHWAY ONE | 1001 NORTH U.S. HIGHWAY ONE | | | | 3. Date Incorporated or Qualified | | |
| SUITE 407 Jupiter FL 33477 | | SUITE 407 | | | | 07/31/1995 | | |
| JUPHEN PL 33 | 417 | JUPITER FL 33477 | | | | 4. FEI Number | 1 / | Applied For |
| | | | | | | 64-0599597 | 1 | Vot Applicable |
| L ' | lace of Business | 2a. Mailing Addres | 2a. Mailing Address | | | 5. Certificate of Status Desired | \$8.75 | Additional |
| 21 | | 26 | | | | or communication of ordinary position | Fee F | Required |
| Suite, Apt | #, Otc | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing | | May Be |
| City & Stat | | City & State | | | | Trust Fund Contribution | | to Fees |
| 23 | | 28 | | | | 7. Is this nonprofit corporation a homeowner | ers associati No | on? |
| Zip | Country | Zip | Coun | try | | 8. This corporation owes or has paid the ci | - | |
| 24 | 25 | 29 | 30 | • | | Personal Property Tax due June 30. | | □ No |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Registered | i Agent | |
| | | | 8 | 11 | Name | | | |
| WARD, I | PHILIP H III | | la la | 2 5 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 1555 PA | ILM BEACH LAKES BLVD. | | Ļ | \perp | | | | |
| SUITE 1 | | | Įē | 3 | | | | |
| JUPITER | FL 33477 | | 8 | 4 (| City | | 85 Zip | Code |
| 11 Purouset | to the provisions of Contrars C17.66 | 00 | Contract the share | | | FI | | |
| office or r | egistered agent, or both, in the Stati | e of Florida, Such change | statutes, the abo was authorized | ive-n by th | nameo corpo he corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | ot changing spointment a | its registered is registered |
| agentta | m familiar with, and accept the oblig | jakons of, Section 617.05 | 503, F∤orida Statut | es. | | | | _ |
| SIGNATURE: | Signature, typed or printed harne of registered as | need and the disprets able | (NOTE Registered | nent s | signature require | d when reinstaling) DATE | | |
| 12. | | ND DIRECTORS | 13. | ·g, , | arginato-e reconst | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTO | RS IN 12 |
| TITLE | PD | ☐ DELE | TE 1.1 TOTAL | | | | ☐ Change | Addition |
| NAME : | aranyos, alexander p | | 1.2 NAM | E | | | | |
| STREET ADDRESS | 1001 NORTH U.S. HIGHWAY | ONE #407 | 1.3 STRE | ET AD | DORESS | | | |
| CITY-ST-7IP | JUPITER FL 33477 | | 1.4 CITY | - \$1 - 2 | ZIP | | | |
| TITLE | VD □ DELETE | | TE 21 TITLE | 2 1 TITLE | | | ☐ Change | Addition |
| NAME | masaitis, edward a Jr | | 2 2 NAM | E | l | | | |
| STREET ADDRESS | 1001 NORTH U.S. HIGHWAY | ONE #407 | 2 3 STRE | ET AD | DORESS | | | |
| CITY-ST-ZIP | JUPITER FL 33477 | | 2 4 CHY | | ZIP | | | |
| TITLE | STD | ☐ DELF | TE 3 1 TITLE | | İ | | Change | Addition |
| NAME | KOENIG, PAUL A | | 3.2 NAM | E | } | | | |
| STREET ADORESS | 1001 NORTH U.S. HIGHWAY | ONE #407 | 3.3 STRE | | 1 | | | |
| CITY-ST-ZIP | JUPITER FL 33477 | 7.60 | 3.4. CITY | | ZIP | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | | ☐ DELF | | | | | Change | Addition Addition |
| NAME | | | 4 2 NAN | | | | | |
| STREET ADDRESS | | | 4.3 STRE | | i i | | | |
| CITY ST ZIP | | DELE | 4.4 City | | ZiP | · · · · · · · · · · · · · · · · · · · | | Addition |
| TITLE NAME | | □ Utit | TE 5.1 TATLE 5.2 NAM | | | | ☐ Change | Addition |
| | | | | | | | | |
| STREET ADDRESS | | | 5 3 STRE | | | | | |
| CITY-ST 7IP TITLE | | DELE | 5.4 CITY 7E 6.1 TITLE | | ZIP | | Change | Addition |
| NAME | | | 6.7 NAM | | | | La Change | L AUGITOR |
| HANNEL TENENTON | | | 0 Z NAM | C | | | | |

14. Theroby 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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

955

2/4/93

5/1-575-40/0