FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003608

Corporation Name

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

Principal Place of Business

1001 NORTH U.S. HIGHWAY ONE

SUITE 407 JUPITER FL 33477 Mailing Address

1001 NORTH U.S. HIGHWAY ONE

SUITE 407

JUPITER FL 33477

FILED May 10, 1999 8:00 am Secretary of State

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											1
2. Principal P	lace of Business	2a. Mailing Add) CKII	NSON MA	MT.	 Date Incorporate 07/31/1995 	d or Qualifed				
Suite, Apt	#, etc.	State Apt #	etc.	Or ILA ST	20	4. FEI Number			Apr	lied For	
22		27 40071	INEY Y	ENNA X	K	64-0599597			Not	Applicable	1
City & Stat	ее	City & Starte	ITER	, PL		5. Certifcate of Sta	tus Desired		\$8.75 A Fee Red		
Zip	Country	Zip 121	110	Country		6. Election Campai	gn Financing		\$5.00	May Be	
24	25	29	1/28 30]		Trust Fund Cont	ribution		Added to	Fees	
		1	0. Name and Add	ress of New I	Registered	Agent					
				81 Name	SIL	ENIDAN	SPRIN	GFR	,		
WARD PH	82 Street	Address	(FLO Box Number	is Net Adoctor	allein	1000	1.1/4				
Ward, Philip H III 1555 Palm Beach Lakes BLVD.					ועדייטו	ICKINSON	I MANI	PHUN	WNI,	INCL]
SUITE 100	83	IJKI	TONEY	DENI	JA D	VIVE					
JUPITER F					100	IVING	YON	VI U	LOS 750 C	ndal 00	ł
JUFFIER	FL 33477			84 City	đИ	TITLE		FL	85 295	342X	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Flor	ida Statutes,	the above-named	corporat	tion submits this sta	tement for the	purpose of	changing its	registered	1
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.											
	in familiar with and accept the obligat	A A A	٠, ١٠١١م	SUL	PIDA	AL SPRING	EN_	-6/21	199		
SIGNATURE	Signature, typed or printed name of registered agen	and title if appricable.	WOTE: Rec	gistered Agent signature	required who	en reinstating)		DATE		— ,	€
12.	OFFICERS AN			13.		ADDITIONS/CHA	NGES TO OF	FICERS AN	ID DIRECTO		11/98
TITLE	PD		ELETE	1.1 TITLE	U	- · · · · · · · · · · · · · · · · · · ·			Change	Addition	1
NAME	ARANYOS, ALEXANDER P			1.2 NAME	DAY	LEONARI	مصورون	. (A swa	44.00		3
STREET ADDRESS		NE #407		1.3 STREET ADDRESS	350	5 JONATHA	N HAKOBO	UK YK	ive		32E037
CITY-ST-ZIP	JUPITER FL 33477			1.4 CITY-ST-ZIP	JUP	HERFL	<i>5</i> 347′	7] %
TITLE	VD		ELETE	2.1 TITLE					Change	☐ Addition	C
NAMÉ	MASAITIS, EDWARD A JR			2.2 NAME							
STREET ADDRESS		NE #407		2.3 STREET ADDRESS	.]						
CITY-ST-ZIP	JUPITER FL 33477	, , , , , ,		2.4 CITY-ST-ZIP	}						
TITLE	STD		ELETE	3.1 TITLE	1				☐ Change	Addition	
NAME	KOENIG, PAUL A			3.2 NAME							Ì
STREET ADDRESS	1001 NORTH U.S. HIGHWAY OF	NE #407		3.3 STREET ADDRESS	.[
CITY-ST-ZIP	JUPITER FL 33477			3.4. CITY-ST-ZIP							
TITLE			ELETE	4.1 TITLE					Change	Addition	
NAME				4, 2 NAME							Ì
STREET ADDRESS				4.3 STREET ADDRESS	:						
CITY-ST-ZIP				4.4 CITY-ST-ZIP	}						
TITLE	 		DELETE	5.1 TITLE	1				Change	Addition	
NAME				5.2 NAME							
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CITY-ST-ZIP				5.4 CITY-ST-ZIP							
TITLE			DELETE	6.1 TITLE	1				☐ Change	Addition	
NAME				6.2 NAME							
STREET ADDRESS	1			6.3 STREET ADDRESS	1						
OffV-ST-7ID	-			6.4 CITY-ST-ZIP							1

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 suppliemental 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:

TURE AND TYPED OR PRINTED NAME OF SURING OFFICER OR DIRECTOR

5/21/99 (561) 147-5508