2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee er

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SIGNATURE:

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # N9500003608 THE HARBOUR AT JONATHAN'S LANDING HOMEOWNERS' AS 05-16-2000 90091 010 ****61.25 Principal Place of Business Mailing Address C/O DICKINSON MGMT 1001 NORTH U.S. HIGHWAY ONE 400 TONEY PENNA DR SUITE 407 JUPITER FL 33477 JUPITER FL 33458-5713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 64-0599597 Not Applicable Zip. Country -- Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SPRINGER, SHERIDAN C/O DICKINSON MANAGEMENT, INC. **400 TONEY PENNA DRIVE** Zip Code FL JUPITER FL 33458 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ☐ Change Addition TITLE Delete TITLE NAME NAME ARANYOS, ALEXANDER P STREET ADDRESS STREET ADDRESS 1001 NORTH U.S. HIGHWAY ONE #407 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Change ☐ Addition TITLE VD □ Delete TITLE MASAITIS, EDWARD A JR NAME NAME STREET ADDRESS STREET ADDRESS 1001 NORTH U.S. HIGHWAY ONE #407 CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33477 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME KOENIG. PAUL A NAME STREET ADDRESS 1001 NORTH U.S. HIGHWAY ONE #407 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Jupiter FL 33477</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME DAY, LEONARD NAME STREET ADDRESS 3505 JONATHAN HARBOUR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ju<u>piter</u> FL <u>3347</u>7 ☐ Delete TITL F Change ☐ Addition TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 signature shall have the same legal effect as if made under oath; that I am an officer or director

o execute this repor

as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if