

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003608

1. Entity Name

THE HARBOUR AT JONATHAN'S LANDING HOMEOWNERS' AS

Principal Place of Business

1001 NORTH U.S. HIGHWAY ONE
SUITE 407
JUPITER FL 33477

Mailing Address

C/O DICKINSON MGMT
400 TONEY PENNA DR
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

64-0599597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SPRINGER, SHERIDAN~~
C/O DICKINSON MANAGEMENT, INC.
400 TONEY PENNA DRIVE
JUPITER FL 33458

Name: ~~DELETE SHERIDAN SPRINGER~~
Street Address (P.O. Box Number is Not Acceptable)
~~DELETE C/O~~
City: FL 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.

SIGNATURE *[Signature]* FOR DICKINSON MGT. INC.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/01
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	ARANYOS, ALEXANDER P	1001 NORTH U.S. HIGHWAY ONE #407	JUPITER FL 33477	☐
VD	MASAITIS, EDWARD A JR	1001 NORTH U.S. HIGHWAY ONE #407	JUPITER FL 33477	☐
STD	KOENIG, PAUL A	1001 NORTH U.S. HIGHWAY ONE #407	JUPITER FL 33477	☐
D	DAY, LEONARD	3505 JONATHAN HARBOUR DR	JUPITER FL 33477	☐
D	BARCLAY, BRUCE	3527 JONATHAN HARBOUR DR	JUPITER FL 33477	☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. 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 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 or trustee empowered to execute this report as required by Chapter 689, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-747-5505

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90017 043 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)