2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003608

FILED Feb 15, 2009 Secretary of State

Entity Name: THE HARBOUR AT JONATHAN'S LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% JOHN CONLIN 3515 JONATHANS HARBOUR DR JUPITER, FL 33477

Current Mailing Address: New Mailing Address:

% JOHN CONLIN 3515 JONATHANS HARBOUR DR JUPITER, FL 33477

FEI Number: 64-0599597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONLIN, JOHN 3515 JONATHANS HARBOUR DR JUPITER, FL 33477 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: VP/D (X) Change () Addition Name: WITHAM, RICHARD Name: WITHAM, RICHARD Address: 3564 JONATHANS HARBOUR DR City-St-Zip: JUPITER, FL 33477 City-St-Zip: JUPITER, FL 33477

Title: S/D () Delete Title: P/D (X) Change () Addition

Name: CONLIN, JOHN Name: CONLIN, JOHN

Address: 3515 JONATHANS HARBOUR DR Address: 3515 JONATHANS HARBOUR DR

City-St-Zip: JUPITER, FL 33477 City-St-Zip: JUPITER, FL 33477

Title: VP/D () Delete Title: () Change () Addition Name: HOWAT, ALLAN Name:

Address: 3551 JONATHANS HARBOUR DR Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip:

Title: VP/D () Delete Title: () Change () Addition

 Name:
 WHITCOMB, BRET
 Name:

 Address:
 3540 JONATHANS HARBOUR DR
 Address:

 City-St-Zip:
 JUPITER, FL 33477
 City-St-Zip:

Title: T/D () Delete Title: () Change () Addition

 Name:
 ANDERSON, WILLIAM S
 Name:

 Address:
 3528 JONATHANS HARBOUR DR
 Address:

 City-St-Zip:
 JUPITER, FL 33477
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S ANDERSON T/D 02/15/2009