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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED Jan 15 1998 8:00am Secretary of State

Corporation Name											
JAMAICA ROYALE UNIT ONE, INC.											
STATE OF THE STATE							A CHANGE INCOME TOWNS WERE ENGINE	IBBL BIBLI BIBLI BIBLI	ITATA MANDA MARTA COM		
Principal Place of Business Mailing Address									EBBL 01811 61611 01061 0		
5830 MIDNIGHT PASS ROAD 5830 MIDNIGHT PASS ROAD											
SARASOTA FL 34242 SARASOTA FL 34242							3. Date Incorporated or Qualified				
								01/08/1969 4. FEI Number	-	1 -	
								59-0936695	-	Applied For	
2. Principal i	Place of Busi	ness	2a. Mail	2a. Mailing Address						Not Applicable	
21			26				5. Certificate of Status Desired		75 Additional se Required		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing		00 May Be	
22			27					Trust Fund Contribution Added to Fees			
City & State			City	City & State				7. Is this nonprofit corporation a homeowners association?			
23				28				¥ Yes ☐ No			
Zip		Country	⊢ Zip		Cour	itry		8. This corporation owes or has part		- ·	
24	o Morro	25 and Address of Curren	29		30			Personal Property Tax due June		∐ No	
	9. Name	and Address of Curren	it negistered	Agent		31 Nar	ne	10. Name and Address of New Re	gistered Agent		
MOODE	DODEDT				Ľ						
	E, ROBERT OKOMIS AVE				[1	32 Stre	et Addre	t Address (P.O. Box Number is Not Acceptable)			
	FL 34285	E., S.			ļ,	33					
VENICE	: FL 34200					~					
					ŀ	24 City			FL 85	Zip Code	
11. Pursuant	to the provis	ions of Sections 617.050	2 and 617.15	08, Florida Statu	ites, the abo	ove-nam	ed corpo	ration submits this statement for the pr		ing its registered	
office or agent. I a	registered ag am familiar wi	ent, or both, in the State ith, and accept the oblice	of Florida. Su ations of, Sect	ich change was tion 617.0503. F	authorized Iorida Statu	by the o	orporatio	oration submits this statement for the purious submits this statement for the purious to be acceptant.	ot the appointmer	nt as registered	
SIGNATURE											
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	oid: rarrare* rybec	or printed name of registered ago				Agent signs	ture required	d when reinstating)	DATE		
12.	.,	or printed name of registered age OFFICERS AND		S	13.		ture required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
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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 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.