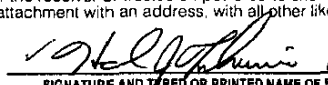


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90005 005 ****61.25

DOCUMENT # 715867 1. Entity Name JAMAICA ROYALE UNIT ONE, INC.					
Principal Place of Business 5830 MIDNIGHT PASS ROAD SARASOTA, FL 34242			Mailing Address 5830 MIDNIGHT PASS ROAD SARASOTA, FL 34242		
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 59-0936695	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WORLEY, DON 2316 ROSELAWN ST SARASOTA, FL 34231			Name Thomas Alan Davis Street Address (P.O. Box Number is Not Acceptable) 5830 MIDNIGHT PASS RD City Sarasota FL 34242		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.			DATE 2/20/06 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLL, DEREK 5830 MIDNIGHT PASS RD SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAHRMEIER, HOWARD 5830 MIDNIGHT PASS ROAD SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOHLAND, THOMAS 5830 MIDNIGHT PASS RD SARASOTA, FL 34242 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERDORF, DAVID 5830 MIDNIGHT PASS RD SARASOTA, FL 34242 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John T. Skalat ☐ Change ☒ Addition 5830 Midnight Pass Rd Sarasota Florida 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAND, PAMALA 5830 MIDNIGHT PASS RD SARASOTA, FL 34242 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Keating ☐ Change ☒ Addition 5830 MIDNIGHT PASS RD SARASOTA Florida 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Howard J. Fahrmeier Treasurer 2/13/06 573-621-5654 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					