2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 715867

1. Entity Name
JAMAICA ROYALE UNIT ONE, INC.

Principal Place of Business	Mailing Address
5830 MIDNIGHT PASS ROAD SARASOTA, FL 34242	5830 MIDNIGHT PASS ROAD SARASOTA, FL 34242

01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0936695
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JAMES ALAN
5830 MIDNIGHT PASS RD
SARASOTA, FL 34242

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000006133555
02/06/07-80005-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOLL, DEREK
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	TD
NAME	FAHRMEIER, HOWARD
STREET ADDRESS	5830 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	SD
NAME	BOHLAND, THOMAS
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	SKALET, JOHN T
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	KEALING, WILLIAM
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 1/23/07 813-921-5654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #