

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716603** (6)
1. Corporation Name
JAMAICA ROYALE CONDOMINIUM TWO, INC.



Principal Place of Business: **5830 MIDNIGHT PASS ROAD SARASOTA FL 34242-2108**
Mailing Address: **5830 MIDNIGHT PASS ROAD SARASOTA FL 34242-2108**

3. Date Incorporated or Qualified: **05/26/1969**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.		26	59-1364508		Not Applicable	
22	City & State		27	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State		28	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	Country	29	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER, POLIAKOFF & STREITFELD, P.A. 630 S. ORANGE AVENUE THIRD FLOOR SARASOTA FL 34236				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARNER, ROBERT			1.2 NAME			
STREET ADDRESS	2307 EDNA AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	PARK RIDGE IL			1.4 CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COMBS, SHARON			2.2 NAME			
STREET ADDRESS	5830 MIDNIGHT PASS RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, PAUL			3.2 NAME			
STREET ADDRESS	15 LANE 1880 SNOWFLAKE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FREMONT IN			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNG, JAMES			4.2 NAME			
STREET ADDRESS	485 TIMBER RIDGE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			4.4 CITY-ST-ZIP			
TITLE	D ST	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAUGHN, ROLLIE			5.2 NAME			
STREET ADDRESS	3288 GULF WATCH CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Paul E. Meyers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-16-96 Daytime Phone #: 941-349-0654

CR2E037 (12/95)