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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90085 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716603

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 05/26/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1364508
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

BECKER, POLIAKOFF & STREITFELD, P.A. 630 S. ORANGE AVENUE THIRD FLOOR SARASOTA FL 34236	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARNER, ROBERT	1.2 NAME	BECKER, ERNEST
STREET ADDRESS	2307 EDNA AVE	1.3 STREET ADDRESS	30 SPOON WAY
CITY-ST-ZIP	PARK RIDGE IL	1.4 CITY-ST-ZIP	NORTH READING, MA 01864
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, PAUL	2.2 NAME	HOWARD, JAMES
STREET ADDRESS	15 LANE 1880 SNOWFLAKE	2.3 STREET ADDRESS	11 THREE RING RD
CITY-ST-ZIP	FREMONT IN	2.4 CITY-ST-ZIP	SCITUATE, MA 02066
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES	3.2 NAME	
STREET ADDRESS	485 TIMBER RIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRTLAND, WILLIAM	4.2 NAME	
STREET ADDRESS	49105 WILDWOOD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHELBY TOWNSHIP MI 48315	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKER, JOAN T	5.2 NAME	
STREET ADDRESS	2650 SHADOW COVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MD 21401	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKER, DOUGLAS W	6.2 NAME	
STREET ADDRESS	2650 SHADOW COVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS MI 21401	6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE: D. [Signature] REASURER 9/12/99 910 571-0857
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037-11/991