

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91171 010 ****61.25

0053147

DOCUMENT # 716603

1. Entity Name

JAMAICA ROYALE CONDOMINIUM TWO, INC.

Principal Place of Business

Mailing Address

5830 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-2108

5830 MIDNIGHT PASS ROAD
 SARASOTA FL 34242-2108

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

59-1364508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
630 S. ORANGE AVENUE
THIRD FLOOR
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HARNER, ROBERT	
STREET ADDRESS	1077 LAKELAND WAY	
CITY-ST-ZIP	LAKE GENEVA WI 53147	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, ERNEST	
STREET ADDRESS	30 SPOON WAY	
CITY-ST-ZIP	N READING MA 01864	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HOWARD, JAMES	
STREET ADDRESS	11 THREE RING RD	
CITY-ST-ZIP	SCITUATE MA 02066	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NOLL, J B CAPT	
STREET ADDRESS	5945 CUMMINGS LANE	
CITY-ST-ZIP	HARBOR SPRINGS MI 49740	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AKER, JOAN T	
STREET ADDRESS	2650 SHADOW COVE	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	DP	<input type="checkbox"/> Delete
NAME	AKER, DOUGLAS W	
STREET ADDRESS	2650 SHADOW COVE	
CITY-ST-ZIP	ANNAPOLIS MD 21401	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption, stated in Section 119.07(3)(l), 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: *James K. Howard* (Signature Required) *James K. Howard* 4/1/02 781-545-2535

CR2E037 (9/01)