


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90321 042 \*\*\*\*61.25

<b>DOCUMENT # 716603</b>					
1. Entity 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		
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	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Ruth Richardson</i> <b>Ruth Richardson</b> <b>TREASURER</b> DATE: <b>4/26/04</b>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	LDV	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, SHERYL		NAME	LAWSON, SHERYL	
STREET ADDRESS	1004 WAYLAND DR.		STREET ADDRESS	1004 WAYLAND DR	
CITY-ST-ZIP	LAWRENCEBURG, KY 40342		CITY-ST-ZIP	LAWRENCEBURG, KY 40342	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, ERNEST		NAME	TRABEL, PAUL	
STREET ADDRESS	30 SPOON WAY		STREET ADDRESS	6404 HARTZELL Rd	
CITY-ST-ZIP	N READING, MA 01864		CITY-ST-ZIP	FORT WAYNE, IN 46816	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, JAMES		NAME	RICHARDSON, Ruth	
STREET ADDRESS	11 THREE RING RD		STREET ADDRESS	10531 BAY BRIDGE Rd	
CITY-ST-ZIP	SCITUATE, MA 02066		CITY-ST-ZIP	FORT WAYNE, IN 46845	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLL, J B CAPT		NAME	JEROME HAUCK, SR.	
STREET ADDRESS	5945 CUMMINGS LANE		STREET ADDRESS	9108 ANN LOU DR.	
CITY-ST-ZIP	HARBOR SPRINGS, MI 49740		CITY-ST-ZIP	LOUISVILLE, KY 40272	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, NANCY		NAME		
STREET ADDRESS	6940 STOTE POINT 500		STREET ADDRESS		
CITY-ST-ZIP	PAYNE, OH 45880		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKER, DOUGLAS W		NAME		
STREET ADDRESS	2650 SHADOW COVE		STREET ADDRESS		
CITY-ST-ZIP	ANNAPOLIS, MD 21401		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)(i), 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: <i>Ruth Richardson</i> <b>Ruth Richardson</b> <b>TREASURER</b> DATE: <b>4/26/04</b> DAYTIME PHONE #: <b>260-414-8706</b>					