


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90048 040 ****61.25

DOCUMENT # 716603					
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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <u>Ruth Richardson</u> Street Address (P.O. Box Number is Not Acceptable) <u>5830 Midnight Pass Rd, #107</u> City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34242</u>		
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 <u>Ruth Richardson</u>		Ruth Richardson		1-20-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON, SHERYL		NAME	LORTS, DANIEL	
STREET ADDRESS	1004 WAYLAND DR.		STREET ADDRESS	1438 CROOKS Rd	
CITY-ST-ZIP	LAWRENCEBURG, KY 40342		CITY-ST-ZIP	CLAWSON, MI 48017	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRABEL, PAUL		NAME	Richardson, Ruth	
STREET ADDRESS	6404 HARTZELL RD		STREET ADDRESS	10531 BAY BRIDGE Rd	
CITY-ST-ZIP	FORT WAYNE, IN 46816		CITY-ST-ZIP	FORT WAYNE, IN 46845	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, RUTH		NAME		
STREET ADDRESS	10531 BAY BRIDGE RD.		STREET ADDRESS		
CITY-ST-ZIP	FORT WAYNE, IN 46845		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLL, J B CAPT		NAME		
STREET ADDRESS	5945 CUMMINGS LANE		STREET ADDRESS		
CITY-ST-ZIP	HARBOR SPRINGS, MI 49740		CITY-ST-ZIP		
TITLE	DS	<input checked="" 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUCK, JEROME SR		NAME		
STREET ADDRESS	9108 ANN LOU DR.		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40272		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: <u>Ruth Richardson</u>		Ruth Richardson		1-20-05 (60)414-8706	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	