

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90074 036 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1364508**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" 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 checked="" 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	DIRECTOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERYL LAWSON	
STREET ADDRESS	1004 WAYLAND DRIVE	
CITY-ST-ZIP	LAURENCEBURG, KY 40342	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR-SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY FRANKLIN	
STREET ADDRESS	6940 STATE RT. 500	
CITY-ST-ZIP	PAYNE, OH 45880	
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)(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: JAMES R. HOWARD TREAS. 1/4/03 941-349-1484

CR2E037 (10/02)

Attachment 10001365
716603

ADDITIONAL DIRECTOR: RUTH RICHARDSON
10531 BAY RIDGE ROAD
FT. WAYNE, IN 46845