

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728615

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: JAMAICA ROYALE MANAGEMENT, INC.

**Current Principal Place of Business:**

5830 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

5830 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 59-1506326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARNER, ROBERT  
Address: 5830 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: VP ( ) Delete  
Name: CULHANE, GERALD C.  
Address: 5830 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL

Title: ST ( ) Delete  
Name: OVERDORF, DAVID  
Address: 5830 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

Title: VP ( ) Delete  
Name: AKER, DOUGLAS  
Address: 5830 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: OKERLUND, JEANNIE  
Address: 5830 MIDNIGHT PASS RD  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: PRIMAS, AARON  
Address: 5830 MIDNIGHT PASS RD.  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID OVERDORF

ST

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date