

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 728615

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