

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71332

Entity Name: JAMAICA BAY, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

31005 JAMAICA BAY DRIVE
BOYNTON BCH., FL 33436

New Principal Place of Business:

Current Mailing Address:

31005 JAMAICA BAY DRIVE
BOYNTON BCH., FL 33436

New Mailing Address:

FEI Number: 59-2578859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, JAY STEVEN
2500 NORTH MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

LEVINE, JAY STEVEN
2500 NORTH MILITARY TRAIL
SUITE 283
BOCA RATON, FL 33431 US

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:

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OGLE, NORMA J
Address: 54017 CHAPPELLA BAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: HAMMAR, JAMES F
Address: 36004 DRON BAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: QUAID, JOSEPH C
Address: 16010 FONTEIN BAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD () Delete
Name: TUCKER, RICHARD C
Address: 42019 JIMA BAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: WILSON, ROBERT
Address: 2006 ANTIGUA BAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: JOHNSTON, JERRY
Address: 49007 INAUGA 877
City-St-Zip: BOYNTON BEACH, FL 33436

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: D (X) Change () Addition
Name: CLARK, LIS
Address: 55012 BARBADOS BAY
City-St-Zip: BOYNTON BEACH, FL 33436

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH C QUAID

TREA

03/10/2009

Electronic Signature of Signing Officer or Director

Date