

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 728615

**Entity Name:** JAMAICA ROYALE MANAGEMENT, INC.

**Current Principal Place of Business:**

5830 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

**Current Mailing Address:**

5830 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

**FEI Number:** 59-1506326

**Certificate of Status Desired:** No

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

MANNINA, SAMIE L  
5830 MIDNIGHT PASS RD.  
SARASOTA, FL 34242 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:** SAMIE L. MANNINA

05/30/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KLOSNER, GREG  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242

Title            VP  
Name            HARTLEY, JIM  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242

Title            SECRETARY  
Name            KENNEDY, RITA  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242

Title            TREASURER  
Name            FAHRMEIER, HOWARD  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            CRIDER, DOUG  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            BEYNON, TOD  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            SKALET, JOHN  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242

Title            DIRECTOR  
Name            DMENNER, DICK  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242

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*I hereby 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 all other like empowered.*

**SIGNATURE:** SAMIE L. MANNINA

**DIRECTOR**

05/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MANNINA, SAMIE L  
Address        5830 MIDNIGHT PASS RD.  
City-State-Zip: SARASOTA FL 34242