

2020 FLORIDA NOT FOR PROFIT CORPORATION 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 US

FEI Number: 59-1506326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUCHKOWEC , JOHN H
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: JOHN LUCHKOWEC

06/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title SECRETARY
Name KINDRACHUK, PETER
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 MCQUAT, RALPH
Address 5830 MIDNIGHT PASS RD.
City-State-Zip: SARASOTA FL 34242

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

Title VP
Name SCHMIDT , DAVID
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: ERIC SCHURR

PRESIDENT

06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KRAYESKY , JANE
Address 5830 MIDNIGHT PASS ROAD
City-State-Zip: SARASOTA FL 34242