

**2024 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:**

TANNENBAUM, LEMOLE & HILL, ATTORNEYS AT LAW  
1990 MAIN ST  
SUITE 725  
SARASOTA, FL 34236 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:** CINDY HILL, ESQ

01/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

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

*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:** RENE' NORTH

PRESIDENT

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date