

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713055

FILED
Mar 30, 2007
Secretary of State

Entity Name: JAMAICA ROYALE CONDOMINIUM ONE, 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: 59-1275530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD., STE 201
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

JAMAICA ROYALE MANAGMENT, INC
5830 MIDNIGHT PASS ROAD
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: THOMAS A. DAVIS

03/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: COX, ROBERT
Address: 5830 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: COX, ROBERT
Address: 5830 MIDNIGHT PASS ROAD, T33
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: GOODIER, BARBARA
Address: 5830 MIDNIGHT PASS ROAD, T41 & T61
City-St-Zip: SARASOTA, FL 34242

Title: S/T (X) Delete
Name: HURLEY, ROBERT
Address: 5830 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: STD (X) Delete
Name: GASKEEN, WILLIAM
Address: 5830 MIDNIGHT PASS ROAD, T-22
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: GOODIER, BARBARA
Address: 5830 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: S/T (X) Change () Addition
Name: HURLEY, ROBERT
Address: 5830 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GOODIER

P

03/30/2007

Electronic Signature of Signing Officer or Director

Date