

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED AND FILED

95 APR 26 AM 10:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 734572 (1)
1. Corporation Name
JAMAICA ROYALE TOWER II ASSOCIATION, INC.

Principal Place of Business Mailing Address
5830 MIDNIGHT PASS ROAD SARASOTA FL 34242 **5830 MIDNIGHT PASS ROAD SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1975	3a. Date of Last Report 04/20/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
BECKER, POLIAKOFF & STREITFELD P.A.
630 S. ORANGE AVENUE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SELLORS, JACK
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	VD
NAME	PRIMAS, AARON
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	TD
NAME	CARMICHAEL, BILL
STREET ADDRESS	5830 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	SD
NAME	NYE-DEMETRIOU, PAULA
STREET ADDRESS	5830 MIDNIGHT PASS RD.
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	D
NAME	BUDNIK, HENRY
STREET ADDRESS	5830 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	D
NAME	WAGNER, GAIL
STREET ADDRESS	5830 MIDNIGHT PASS RD
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AARON PRIMAS	
1.3 STREET ADDRESS	5830 MIDNIGHT PASS RD. #702	
1.4 CITY-ST-ZIP	SARASOTA, FL 34242	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALTER COMBS	
2.3 STREET ADDRESS	5830 MIDNIGHT PASS RD. #201	
2.4 CITY-ST-ZIP	SARASOTA, FL 34242	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GAIL WAGNER	
4.3 STREET ADDRESS	5830 MIDNIGHT PASS RD. #504	
4.4 CITY-ST-ZIP	SARASOTA, FL 34242	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REMBERT SIMPSON	
6.3 STREET ADDRESS	5830 MIDNIGHT PASS RD. #705	
6.4 CITY-ST-ZIP	SARASOTA, FL 34242	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Derrick L. Carmichael* **Derrick L. Carmichael** Treasurer **04/17/95** **(813) 349-6234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR