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Jan 23, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-23-1999 90049 033 \*\*\*\*\*61.25

DOCUMENT # 734572

1. Corporation Name

JAMAICA ROYALE TOWER II ASSOCIATION, INC.

Principal Place of Business  
5830 MIDNIGHT PASS ROAD  
SARASOTA FL 34242

Mailing Address  
5830 MIDNIGHT PASS ROAD  
SARASOTA FL 34242



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/11/1975

22 City & State

27 City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24

25

Country

29

Zip

Country

30

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREITFELD P.A.  
630 S. ORANGE AVENUE  
SARASOTA FL 34236

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME PRIMAS, AARON  
STREET ADDRESS 5830 MIDNIGHT PASS ROAD #702  
CITY-ST-ZIP SARASOTA, FL 00000

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME COMBS, WALTER  
STREET ADDRESS 5830 MIDNIGHT PASS ROAD #201  
CITY-ST-ZIP SARASOTA, FL 00000

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME CARMICHAEL, BILL  
STREET ADDRESS 5830 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA, FL 00000

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME VOGEL, MARGAREL  
STREET ADDRESS 5830 MIDNIGHT PASS RD #605  
CITY-ST-ZIP SARASOTA, FL 00000 34242

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DIEHL, DONALD  
STREET ADDRESS 5830 MIDNIGHT PASS RD #504  
CITY-ST-ZIP SARASOTA, FL 00000 34242

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME SIMPSON, REMBERT  
STREET ADDRESS 5830 MIDNIGHT PASS ROAD #705  
CITY-ST-ZIP SARASOTA FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

(941) 349-6284

Daytime Phone #

CR2E037 (1/98)