

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

0076490

04-09-2001 90008 030 \*\*\*\*61.25

**DOCUMENT # 734572**

1. Entity 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

**J 2 4 0 1 1**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

8. 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PRIMAS, AARON</b> <b>5830 MIDNIGHT PASS ROAD #702</b> <b>SARASOTA, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>COMBS, WALTER</b> <b>5830 MIDNIGHT PASS ROAD #201</b> <b>SARASOTA, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CARMICHAEL, BILL</b> <b>5830 MIDNIGHT PASS ROAD</b> <b>SARASOTA, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>VOGEL, MARGAREL</b> <b>5830 MIDNIGHT PASS RD #605</b> <b>SARASOTA, FL 00000 34242</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIEHL, DONALD</b> <b>5830 MIDNIGHT PASS RD #504</b> <b>SARASOTA, FL 00000 34242</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMPSON, REMBERT</b> <b>5830 MIDNIGHT PASS ROAD #705</b> <b>SARASOTA FL</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Donald A. Diehl*  
**Donald A. Diehl**

**Donald A. Diehl**

**4-6-01**

**941-346-5352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment #  
734572

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734572

JAMAICA ROYALE TOWER II ASSOCIATION, INC.

524071

10. OFFICERS AND DIRECTORS (Cont.)

D

ALFRED MILNER

5830 MIDNIGHT PASS ROAD #404

SARASOTA, FL. 34242

D

~~CARL WAGNER~~

5830 MIDNIGHT PASS ROAD #806

SARASOTA, FL. 34242

PD

DAVID OVERDORF

5830 MIDNIGHT PASS ROAD #805

SARASOTA, FL. 34242

SD

SHARI OVERDORF

5830 MIDNIGHT PASS ROAD #805

SARASOTA, FL. 34242

D

LARRY SHOOK

5830 MIDNIGHT PASS ROAD #306

SARASOTA, FL. 34242