


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90054 025 ****61.25

DOCUMENT # 734572	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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MOORE CR2E037 (11/03)

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td>PD KLEANER, CLYDE W 5830 MIDNIGHT PASS RD., #402 SARASOTA FL 34242</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>VD SHOOK, LARRY 5830 MIDNIGHT PASS RD., #306 SARASOTA FL 34242</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>SD PRINAS, CAROL 5830 MIDNIGHT PASS RD #701 SARASOTA FL 34242</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TD DIEHL, DONALD 5830 MIDNIGHT PASS RD #504 SARASOTA FL 34242</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>D PRINAS, AARON 5830 MIDNIGHT PASS RD., #701 SARASOTA FL 34242</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>	PD KLEANER, CLYDE W 5830 MIDNIGHT PASS RD., #402 SARASOTA FL 34242	<input type="checkbox"/> Delete	VD SHOOK, LARRY 5830 MIDNIGHT PASS RD., #306 SARASOTA FL 34242	<input type="checkbox"/> Delete	SD PRINAS, CAROL 5830 MIDNIGHT PASS RD #701 SARASOTA FL 34242	<input type="checkbox"/> Delete	TD DIEHL, DONALD 5830 MIDNIGHT PASS RD #504 SARASOTA FL 34242	<input type="checkbox"/> Delete	D PRINAS, AARON 5830 MIDNIGHT PASS RD., #701 SARASOTA FL 34242	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td>KLOSNER</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>PRIMAS</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>PRIMAS</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	KLOSNER	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	PRIMAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	PRIMAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **2-14-04** **941-346-5352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #