

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734572

FILED  
Mar 23, 2006  
Secretary of State

Entity Name: JAMAICA ROYALE TOWER II ASSOCIATION, INC.

**Current Principal Place of Business:**

5830 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

5830 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KLOSNER, CLYDE W  
Address: 5830 MIDNIGHT PASS RD., #402  
City-St-Zip: SARASOTA, FL 34242

Title: VD ( ) Delete  
Name: SHOOK, LARRY  
Address: 5830 MIDNIGHT PASS RD., #306  
City-St-Zip: SARASOTA, FL 34242

Title: SD ( ) Delete  
Name: PRIMAS, CAROL  
Address: 5830 MIDNIGHT PASS RD #701  
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete  
Name: DIEHL, DONALD  
Address: 5830 MIDNIGHT PASS RD #504  
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Delete  
Name: PRIMAS, AARON  
Address: 5830 MIDNIGHT PASS RD., #701  
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DECIANNI, TONY  
Address: 5830 MIDNIGHT PASS RD., #305  
City-St-Zip: SARASOTA, FL 34242

Title: VD (X) Change ( ) Addition  
Name: CARMICHAEL, JACK  
Address: 5830 MIDNIGHT PASS RD., #602  
City-St-Zip: SARASOTA, FL 34242

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

Title: TD (X) Change ( ) Addition  
Name: WOOD, RICHARD  
Address: 5830 MIDNIGHT PASS RD #501  
City-St-Zip: SARASOTA, FL 34242

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: RICHARD WOOD

TD

03/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date