

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734773 (5)
1. Corporation Name
THE JAMAICA BAY HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**31005 JAMAICA BAY DR.
BOYTON BCH FL 33436**

Mailing Address
**31005 JAMAICA BAY DR.
BOYTON BCH FL 33436**

3. Date Incorporated or Qualified
12/31/1975

3a. Date of Last Report
03/02/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-7294027	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25.	30.		

9. Name and Address of Current Registered Agent

**DIBELLO, CARL
50012 HACHA BAY
BOYNTON BCH. FL 33436**

10. Name and Address of New Registered Agent

81. Name
FRANCIS D. MITZEL

82. Street Address (P.O. Box Number is Not Acceptable)
9006 FOMENTO BAY

83.

84. City
BOYNTON BEACH

85. Zip Code
FL 33436

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 **FRANCIS D. MITZEL, TREASURER**

(NOTE: Registered Agent Signature required when reinstating)

2-6-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE RUTH, BRETT 42003 JIMA BAY BOYNTON BCH FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE GOLDSTEIN, LORNA 58015 AMPARO BAY BOYNTON BCH FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME BLANCHE CLARK	
STREET ADDRESS		2.3 STREET ADDRESS 40008 HUMACO BAY	
CITY - ST - ZIP		2.4 CITY - ST - ZIP BOYNTON BEACH, FL	
TITLE T	<input checked="" type="checkbox"/> DELETE DUFFY, MARJORIE F 54008 CHABELLA BAY BOYNTON BCH FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME FRANCIS D. MITZEL	
STREET ADDRESS		3.3 STREET ADDRESS 9006 FOMENTO BAY	
CITY - ST - ZIP		3.4 CITY - ST - ZIP BOYNTON BEACH, FL 33436	
TITLE VP	<input type="checkbox"/> DELETE OGLE, NORMA 54017 CHAPELLA BAY BOYNTON BEACH FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE CATANIA, ANTHONY 50002 HACHA BAY BOYNTON BCH FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE MACLEOD, ETHEL 5006 CURACAS BAY BOYNTON BCH FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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.

SIGNATURE: **FRANCIS D. MITZEL, TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

Date

407-732-1397

Daytime Phone #

CR2E037 (12/95)