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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

31005 JAMAICA BAY DR.
BOYTON BCH FL 3343631005 JAMAICA BAY DR.
BOYTON BCH FL 33436-19663. Date Incorporated or Qualified
12/31/19753a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITZEL, FRANCIS D.
9006 FOMENTO BAY
BOYNTON BCH FL 33436

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 MARJORIE E. DUFFY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	RUTH, BRETT	
STREET ADDRESS	42003 JIMA BAY	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	S	☒ DELETE
NAME	CLARK, BLANCHE	
STREET ADDRESS	40008 HUMACO BAY	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	T	☒ DELETE
NAME	MITZEL, FRANCIS D.	
STREET ADDRESS	9006 FOMENTO BAY	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VP	☐ DELETE
NAME	OGLE, NORMA	
STREET ADDRESS	54017 CHAPPELLA BAY	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	☒ DELETE
NAME	CATANIA, ANTHONY	
STREET ADDRESS	50002 HACHA BAY	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	☒ DELETE
NAME	MACLEOD, ETHEL	
STREET ADDRESS	5006 CURACAS BAY	
CITY-ST-ZIP	BOYNTON BCH FL	

1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	HAROLD PROESCH	
1.3 STREET ADDRESS	42015 JIMA BAY	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	JOSEPH ORLANDO	
2.3 STREET ADDRESS	39008 GAYLE BAY	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	MARJORIE DUFFY	
3.3 STREET ADDRESS	54008 CHAPPELLA BAY	
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
4.1 TITLE	P	☒ Change ☐ Addition
4.2 NAME	OGLE, NORMA	
4.3 STREET ADDRESS	54017 CHAPPELLA BAY	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	GORDON BARKHOUSE	
5.3 STREET ADDRESS	54001 CHAPPELLA BAY	
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	CHARLES O'BRIEN	
6.3 STREET ADDRESS	32002 DOMINGO BAY	
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0042486

CR2E037 (9/96)