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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734773

1. Corporation Name
THE JAMAICA BAY HOME OWNERS ASSOCIATION, INC.

450505 - 90243 - 18

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 12/31/1975

4. FEI Number: 23-7294027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUFFY, MARJORIE F
54008 CHAPELLA BAY
BOYNTON BCH FL 33436

10. Name and Address of New Registered Agent

81 Name: Pauline F. McCluskey
82 Street Address (P.O. Box Number is Not Acceptable): 35010 CAYOS DAY
83
84 City: Boynton Beach FL 85 Zip Code: 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: Pauline F McCluskey Pauline F. McCluskey 1/11/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	~~MARGE DUFFY~~	☒ Change ☐ Addition
NAME	PROESCH, HAROLD		1.2 NAME		
STREET ADDRESS	42015 JIMA BAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	ORLANDO, JOSEPH		2.2 NAME	FRANCES JEFFRY	
STREET ADDRESS	39008 GAYLE BAY		2.3 STREET ADDRESS	41016 ISABELL BAY	
CITY-ST-ZIP	BOYNTON BCH FL		2.4 CITY-ST-ZIP	BOYNTON BEACH. FL 33436 (740-2770	
TITLE	T	☐ DELETE	3.1 TITLE	~~SECRETARY~~ DIRECTOR	☒ Change ☐ Addition
NAME	DUFFY, MARJORIE		3.2 NAME	MARGE DUFFY	
STREET ADDRESS	54008 CHAPELLA BAY		3.3 STREET ADDRESS	54008 CHAPELLA BAY	
CITY-ST-ZIP	BOYNTON BCH FL		3.4 CITY-ST-ZIP	BOYNTON BEACH 738-1747	
TITLE	P	☒ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	OGLE, NORMA		4.2 NAME	PAULINE MCCLUSKEY	
STREET ADDRESS	54017 CHAPELLA BAY		4.3 STREET ADDRESS	35010 CAYOS DAY	
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP	BOYNTON BEACH 740-1482	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARKHOUSE, GORDON		5.2 NAME		
STREET ADDRESS	54001 CHAPELLA BAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SKORUPSKI, MITCHELL		6.2 NAME	MITCHELL SKORUPSKI 374-9577	
STREET ADDRESS	40001 HUMACO BAY		6.3 STREET ADDRESS	4001 HUMACO BAY	
CITY-ST-ZIP	BOYNTON BCH FL 33436		6.4 CITY-ST-ZIP	BOYNTON BEACH.	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Pauline F. McCluskey Pauline F. McCluskey 1/11/99 561 740-1482
SIGNATURE REQUIRED
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #