

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 734773

1. Entity Name

THE JAMAICA BAY HOME OWNERS ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

03-20-2000 90066 010 ****61.25

Principal Place of Business

31005 JAMAICA BAY DR.
 BOYTON BCH FL 33436
 US

Mailing Address

31005 JAMAICA BAY DR.
 BOYTON BCH FL 33436-1996
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7294027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLUSKEY, PAULINE F
 35010 CAYOS BAY
 BOYNTON BEACH FL 33436

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VP
 NAME PROESCH, HAROLD
 STREET ADDRESS 42015 JIMA BAY
 CITY-ST-ZIP BOYNTON BCH FL 33436

☐ Delete

TITLE S
 NAME JEFFERY, FRANCES
 STREET ADDRESS 41016 IABELL BAY
 CITY-ST-ZIP BOYNTON BEACH FL 33436

☐ Delete

TITLE D
 NAME DUFFY, MARGE
 STREET ADDRESS 59008 CHAPELLA BAY
 CITY-ST-ZIP BOYNTON BEACH FL 33436

☐ Delete

TITLE T
 NAME MCCLUSKEY, PAULINE
 STREET ADDRESS 35010 CAYOS BAY
 CITY-ST-ZIP BOYNTON BEACH FL 33436

☐ Delete

TITLE P
 NAME SKORUPSKI, MITCHELL
 STREET ADDRESS 4001 HUMACO BAY
 CITY-ST-ZIP BOYNTON BEACH FL 33436

☐ Delete

TITLE D
 NAME SKORUPSKI, MITCHELL
 STREET ADDRESS 40001 HUMACO BAY
 CITY-ST-ZIP BOYNTON BCH FL 33436

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE LEAVER MADELINE
 NAME 26012 DRON BAY
 STREET ADDRESS BOYTON BEACH FL 33436
 CITY-ST-ZIP

☐ Change☒ Addition

TITLE O'LEARY JAMES
 NAME 36013 DRON BAY
 STREET ADDRESS BOYNTON BEACH FL 33436
 CITY-ST-ZIP

☐ Change☒ Addition

TITLE D-SEEVER ALICE
 NAME 53021 FLORINADA BAY
 STREET ADDRESS BOYNTON BEACH FL 33436
 CITY-ST-ZIP

☐ Change☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

MITCHELL SKORUPSKI
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 561-374-9577

CR20007 (0/00)