

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90183 043 ****61.25

DOCUMENT # 734773

1. Entity Name

THE JAMAICA BAY HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

31005 JAMAICA BAY DR.
BOYTON BCH FL 33436
US

31005 JAMAICA BAY DR.
BOYTON BCH FL 33436
US

31005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7294027

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ANDERSON, FRANCES L.

Street Address (P.O. Box Number is Not Acceptable)

36005 DRON BAY

City Boynton Beach FL Zip Code 33436

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 FRANCES L ANDERSON Frances L Anderson Pres 2/1/01
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PROESCH, HAROLD 42015 JIMA BAY BOYNTON BEACH FL 33436 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JEFFERY, FRANCES 41016 LABELL BAY BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete SAME |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUFFY, MARGE 59008 CHAPPELLA BAY BOYNTON BEACH FL 33436 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCLUSKEY, PAULINE 35010 CAYOS BAY BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete → |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SKORUPSKI, MITCHELL 4001 HUMACO BAY BOYNTON BEACH FL 33436 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OLEARY, JAMES 36013 DRON BAY BOYNTON BEACH FL 33436 | <input type="checkbox"/> Delete SAME |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SEEVER, ALICE 52021 FLORINADA BAY BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ANDERSON, FRANCES 36005 DRON BAY BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIAMOND, BERNICE 47001 JAMAKA BAY DR BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCCLUSKEY, PAULINE 35010 CAYOS BAY BOYNTON BEACH, FL 33436 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLIDDEN, GEORGE 52012 FLORINADA BAY BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEAVER, MADELEINE 36012 DRON BAY BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 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: FRANCES L ANDERSON Frances L Anderson Pres 2/1/01 561-738-5682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)