

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90097 041 ****61.25

DOCUMENT # 734773

1. Entity Name

THE JAMAICA BAY HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1005 JAMAICA BAY DR.
 BOYNTON BCH FL 33436
 IS

31005 JAMAICA BAY DR.
 BOYNTON BCH FL 33436
 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

ANDERSON, FRANCES L
 36005 DRON BAY
 BOYNTON BEACH FL 33436

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

36005 DRON BAY

City
Boynton Beach

FL

Zip Code
33436

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** 1-31-02
 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

CR # 2584

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	P SEEVER, ALICE 52021 FLORINADA BAY BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete (SAME)
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 DIAMOND, BERNICE 47001 JAMAICA BAY DRIVE BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete (SAME)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLUSKEY, PAULINE 35010 CAYOS BAY BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete (SAME)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLIDDEN, GEORGE 52012 FLORINADA 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 checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, FRANCES 36005 DRON BAY BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input type="checkbox"/> Addition Listed LAST YR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELHAMER, DONALD R. 6014 DAIQUIRI BAY BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARL MINNBERG 33005 AZUA BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIS A. MILLAM 39015 GAYLE BAY BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

2. 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** 1/31/02 **738-5682**
 Signature, typed or printed name of signing officer or director

CR2E037 (9/01)