


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90006 019 ****61.25

DOCUMENT # 734773 1. Entity Name THE JAMAICA BAY HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 31005 JAMAICA BAY DR. BOYTON BCH, FL 33436 US			Mailing Address 31005 JAMAICA BAY DR. BOYTON BCH, FL 33436 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 23-7294027				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, MARGARET. 52009 FLORINADA BAY BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLAM, DORIS 39015 GAYLE BAY BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete <i>Same.</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSTON, SHIRLEY 49007 INAUGA BAY BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete <i>Same.</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINNBERG, CARL 33005 AZUA BAY BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHELHAMER, DON 6014 DAIQUIEL BAY BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTER, MARGARETE 52009 FLORINADA BAY BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete <i>Same.</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLHAVA, FRAN 50022 HACHA BAY BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete <i>Same.</i>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELINOR SCHLOSSER 9008 FOMENTO BAY BOYNTON BEACH FL 33436					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAROL DUYBURN 33011 AZUA BAY BOYNTON BEACH FL 33436					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT CACELI 50018 HACHA BAY BOYNTON BEACH FL 33436					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input 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: <i>Margaret Porter</i> MARGARET PORTER 3/3/04 561-732-6994 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					