

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737909

FILED
Jan 14, 2009
Secretary of State

Entity Name: ISLANDS-JAMAICA ASSOCIATION, INC.

Current Principal Place of Business:

1891 S OCEAN DR
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

9369 SHERIDAN STREET, SUITE 810
COOPER CITY, FL 33024 US

New Mailing Address:

FEI Number: 59-1740059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NORTHWEST 6 WAY, SUITE 103
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MUNTER, CAROLE
Address: 1891 S OCEAN DR
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PIAZZA, ROSE
Address: 18915 OCEAN DR
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: TAYLOR, KENNETH
Address: 1891 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE, FL

Title: TD () Delete
Name: KARDASH, CON
Address: 1891 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PFENNING, BRUCE
Address: 1891 SOUTH OCEAN DRIVE
City-St-Zip: HALLANDALE, FL

Title: S () Delete
Name: GRAMMER, RICHARD
Address: 1891 S. OCEAN DR
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH TAYLOR

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date