

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90088 029 ****61.25

0060396

DOCUMENT # 767820

1. Corporation Name

JAMAICA BAY HOMEOWNERS ASSOCIATION OF LEE COUNTY
INC.

Principal Place of Business

ATTN: DARALENE JONES
64 IMPALA CT.
FT. MYERS FL 33912
US

Mailing Address

64 IMPALA COURT
FT. MYERS FL 33912
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/06/1983

4. FEI Number

59-2253938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JONES, DARALENE
234 WECUWA DR
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name ANTONETTE A. TREGLIA

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

246 WECUWA DR

83 FT MYERS FL 33912-6393

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Antonette A. Treglia (ANTONETTE A. TREGLIA Treasurer) 1/15/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME JONES, DOUGLAS
STREET ADDRESS 234 WECUWA DR
CITY-ST-ZIP FT MYERS FL 33912

TITLE V ☐ DELETE
NAME SAUL, CHARLES A.
STREET ADDRESS 56 VINALES COURT
CITY-ST-ZIP FT MYERS FL 33912

TITLE S ☒ DELETE
NAME JONES, DARALENE
STREET ADDRESS 234 WECUWA DR
CITY-ST-ZIP FT MEYERS FL 33912

TITLE T ☒ DELETE
NAME ROYLE, JEANNINE
STREET ADDRESS 13 ESPER COURT
CITY-ST-ZIP FT. MYERS FL 33912

TITLE D ☐ DELETE
NAME FURBUSH, DAN
STREET ADDRESS 3 AQUADILLA COURT
CITY-ST-ZIP FT MYERS FL 33912

TITLE D ☐ DELETE
NAME BUCK, DUANE
STREET ADDRESS 5 ESPER COURT
CITY-ST-ZIP FT MYERS FL 33912

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME HELEN SNOW
3.3 STREET ADDRESS 20 FONTEIN CT
3.4 CITY-ST-ZIP FT MYERS FL 33912-6363

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME ANTONETTE A. TREGLIA
4.3 STREET ADDRESS 246 WECUWA DR
4.4 CITY-ST-ZIP FT MYERS FL 33912-6393

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONETTE A. TREGLIA (ANTONETTE A. TREGLIA Treasurer) 1/15/99 (941) 481-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)