


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90083 001 ****61.25

DOCUMENT # 767820	
1. Entity Name JAMAICA BAY HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.	

Principal Place of Business 64 IMPALA CT FT. MYERS FL 33912 US	Mailing Address 64 IMPALA CT FT. MYERS FL 33912 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

20014350



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2253938		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 ANDERSON, BERNADINE 2 PALO CT FT. MYERS FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINGERY, MICHAEL 26 ULTIMO CT. FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLASNER, DAN 49 QUICHE CT. FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHUGHRUE, JOAN 2 QUANERY CT FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, BERNADINE 2 PALO COURT FORT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SHIRLEY 17 GALINA ACT. FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUGHRUE, CHUCK 2 QUANERY CT. FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **BERNADINE ANDERSON** *Bernadine Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05

(239) 482-4724

Date Daytime Phone #

ATTACHMENT 800/4350

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BOX 10. ADDITIONAL DIRECTORS:

- | | |
|--|---|
| D Agresti, Virginia
29 Hanna Ct.
Ft. Myers, FL 33912 | D Strong, Don
58 Trois Ct.
Ft. Myers, FL 33912 |
| D Anderson, James
2 Palo Ct.
Ft. Myers, FL 33912 | D Worrall, Tom
61 Verlo Ct.
Ft. Myers, FL 33912 |
| D Avino, Rose
253 Wecuwa Ave.
Ft. Myers, FL 33912 | |
| D Blair, Gene
11 Undaro Ct.
Ft. Myers, FL 33912 | |
| D Chester, Dorothy
55 Norie Ct.
Ft. Myers, FL 33912 | |
| D Den Besten, Rose
23 Salut Ct.
Ft. Myers, FL 33912 | |
| D Glasner, Elaine
49 Quiche Ct.
Ft. Myers, FL 33912 | |
| D Haager, Shirley
83 Vinata Ct.
Ft. Myers, FL 33912 | |
| D Hageman, John
79 Palo Ct.
Ft. Myers, FL 33912 | |
| D Harrison, Gary
54 Jima Ct.
Ft. Myers, FL 33912 | |
| D Jay, Tim
48 Logo Ct.
Ft. Myers, FL 33912 | |
| D LaMothe, Tess
4 Rapine Ct.
Ft. Myers, FL 33912 | |