

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769597 (6)

1. Corporation Name
JAMAICA COVE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1595 N.ATL.AVE.#312 COCOA BCH FL 32931

3. Date Incorporated or Qualified **07/28/1983** 3a. Date of Last Report **02/10/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-2715580	Applied For Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
City & State		City & State									
Zip	Country	Zip	Country								

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOEPPER, FORREST
1595 ATLANTIC AVE #301
COCOA BEACH FL 32931**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORIN, WILLIAM <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1595 N. ATLANTIC AVE #111	1.2 NAME	
STREET ADDRESS	COCOA BEACH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD FORSTER, JOHN <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1595 N. ATLANTIC AVE #107	2.2 NAME	
STREET ADDRESS	COCOA BEACH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD GOEPPER, FORREST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1595 N ATLANTIC AVE #301	3.2 NAME	
STREET ADDRESS	COCOA BEACH FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD THOMAS, MYRFIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	1595 N. ATLANTIC AVE #210
STREET ADDRESS		4.3 STREET ADDRESS	COCOA BEACH, FL 32931
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD ADKINS, THOMAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	1595 N. ATLANTIC AVE #205
STREET ADDRESS		5.3 STREET ADDRESS	COCOA BEACH, FL 32931
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Forrest Goepfer* **FORREST GOEPPER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

(407) 799-1046

Daytime Phone #

CR2E037 (12/95)