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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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COCOA BCH FL 32931

3. Date Incorporated or Qualified
07/28/1983

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2715580

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

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

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

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 FORSTER, JOHN DELETE
NAME FORSTER, JOHN
STREET ADDRESS 1595 N. ATLANTIC AVE #107
CITY-ST-ZIP COCOA BEACH FL

1.1 TITLE PD BARBARA HORTON Change Addition
1.2 NAME BARBARA HORTON
1.3 STREET ADDRESS 1595 N-ATLANTIC AVE #206
1.4 CITY-ST-ZIP COCOA BEACH FL

TITLE TD GOEPPER, FORREST DELETE
NAME GOEPPER, FORREST
STREET ADDRESS 1595 N ATLANTIC AVE #301
CITY-ST-ZIP COCOA BEACH FL

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

TITLE SD THOMAS, MYRFIN DELETE
NAME THOMAS, MYRFIN
STREET ADDRESS 1595 N. ATLANTIC AVE. #210
CITY-ST-ZIP COCOA BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ADKINS, THOMAS DELETE
NAME ADKINS, THOMAS
STREET ADDRESS 1595 N. ATLANTIC AVE. #205
CITY-ST-ZIP COCOA BEACH FL

4.1 TITLE VD ROBERT HARRISON Change Addition
4.2 NAME ROBERT HARRISON
4.3 STREET ADDRESS 1595 N. ATLANTIC AVE #101
4.4 CITY-ST-ZIP COCOA BEACH FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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*
Mr. Forrest S. Goepfer
1595 North Atlantic Ave. #301
Cocoa Beach, FL 32931

4-2-97 407-399-1046
Date Daytime Phone # 0077948

CR2E037 (9/96)