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Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1595 N.ATL.AVE., #312 COCOA BCH FL 32931  
Mailing Address: 1595 N.ATL.AVE., #312 COCOA BCH FL 32931

3. Date Incorporated or Qualified: 07/28/1983  
4. FEI Number: 59-2715580  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields for City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: GOEPPER, FORREST, 1595 ATLANTIC AVE #301, COCOA BEACH FL 32931

10. Name and Address of New Registered Agent: HORTON, BARBARA, 1595 N. ATLANTIC AVE #206, COCOA BEACH, FL 32931

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: *Barbara H. Horton* DATE: 4/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HORTON, BARBARA	1.2 NAME	
STREET ADDRESS	1595 N. ATLANTIC AVE., #206	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD
NAME	GOEPPER, FORREST	2.2 NAME	DUNN, TRACY
STREET ADDRESS	1595 N ATLANTIC AVE #301	2.3 STREET ADDRESS	1595 N ATLANTIC AVE #104
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	COCOA BEACH FL
TITLE	SD	3.1 TITLE	
NAME	THOMAS, MYRFIN	3.2 NAME	
STREET ADDRESS	1595 N. ATLANTIC AVE. #210	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	HARRISON, ROBERT	4.2 NAME	
STREET ADDRESS	1595 N. ATLANTIC AVE., #101	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Barbara H. Horton*

CR2E037 (10/97)