


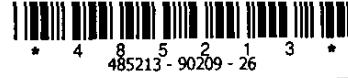
FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90209 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 769597 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	



21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/28/1983
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2715580
23 City & State	28 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HORTON, BARBARA 1595 N ATLANTIC AVE #206 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, TRACY	2.2 NAME	
STREET ADDRESS	1595 N ATLANTIC AVE #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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 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 its 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: _____ **SIGNATURE REQUIRED** _____ 1/3/99 407-783-2468
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (1/98)