


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

03-30-2005 90029 026 ****61.25

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DOCUMENT # 769597					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2715580				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEONARD, L. GEORGE 1485 N ATLANTIC AVE #102 COCOA BEACH, FL 32931			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRAD		NAME	Larry Curvia	
STREET ADDRESS	1595 N.ATL.AVE.,#306		STREET ADDRESS	1595 N Atlantic Ave # 311	
CITY-ST-ZIP	COCOA BCH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLS, RICHARD JR		NAME	Mary Stone	
STREET ADDRESS	1595 N.ATL.AVE.,#207		STREET ADDRESS	1595 N Atlantic Ave # 105	
CITY-ST-ZIP	COCOA BCH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONFORTI, BRENDA		NAME	Jim Negroni	
STREET ADDRESS	1595 N. ATLANTIC AVE. #102		STREET ADDRESS	1595 N Atlantic Ave #209	
CITY-ST-ZIP	COCOA BEACH, FL		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Rick Rolfs	
STREET ADDRESS			STREET ADDRESS	1595 N Atlantic Ave #211	
CITY-ST-ZIP			CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Gayle Flick	
STREET ADDRESS			STREET ADDRESS	1595 N Atlantic Ave # 109	
CITY-ST-ZIP			CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Gayle Flick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____					