


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 043 ****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 Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2715580 | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent LEONARD, L. GEORGE 1485 N ATLANTIC AVE #102 COCOA BEACH, FL 32931 | | | 7. Name and Address of New Registered Agent Name <u>L. George Leonard, CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1485 N Atlantic Ave Ste 102</u> City <u>Cocoa Beach</u> <u>FL</u> Zip Code <u>32931</u> | | |
| 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 <u>L. George Leonard</u> 1/10/06 <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, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P CURVIE, LARRY 1595 N ATLANTIC AVE #311 COCOA BCH, FL 32931 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Larry Curvin 1595 N Atlantic Ave #311 Cocoa Beach, FL 32931 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STONE, MARY 1595 N ATLANTIC AVE #105 COCOA BCH, FL 32931 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NEGRONI, JIM 1595 N ATLANTIC AVE #209 COCOA BEACH, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROLFS, RICK 1595 N ATLANTIC AVE #211 COCOA BEACH, FL 32931 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLICK, GAYLE 1595 N ATLANTIC AVE #109 COCOA BEACH, FL 32931 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>L. George Leonard</u> 1/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |