


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90852 004 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		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, GEORGE L CPA 1485 N ATLANTIC AVE #102 COCOA BEACH, FL 32931			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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, 2007		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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURVIN, LARRY		NAME	Dennis Stone	
STREET ADDRESS	1595 N ATLANTIC AVE #311		STREET ADDRESS	1595 N Atlantic Ave # 105	
CITY-ST-ZIP	COCOA BCH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, MARY		NAME	George Stark	
STREET ADDRESS	1595 N ATLANTIC AVE #105		STREET ADDRESS	1595 N Atlantic Ave #102	
CITY-ST-ZIP	COCOA BCH, FL 32931		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary + Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGRONI, JIM		NAME	Sharon Randall	
STREET ADDRESS	1595 N ATLANTIC AVE #209		STREET ADDRESS	1595 N Atlantic Ave # 307	
CITY-ST-ZIP	COCOA BEACH, FL		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLFS, RICK		NAME		
STREET ADDRESS	1595 N ATLANTIC AVE #211		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLICK, GAYLE		NAME		
STREET ADDRESS	1595 N ATLANTIC AVE #109		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
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 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>Sharon Randall</u>			Date: <u>4-27-2007</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

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