## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 14, 2008 8:00 am Secretary of State

DOCUMENT # 769597  1. Entity Name JAMAICA COVE OWNERS ASSOCIATION, INC.					07-14-200	8 90025 030 ****6	1.25	
Principal Place of Business 1595 N.ATLAVE.,#312 COCOA BCH, FL 32931  Mailing Address 1595 N.ATLAVE.,#312 COCOA BCH, FL 32931  COCOA BCH, FL 32931						IN ANU AND BING BING AND A	1891 <b>1</b> 1 801	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	failing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Numb 59-271	5580	N	pplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	Fee Require		
••-	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
LEONARD, GEORGE L CPA			Name	Name				
1485 N ATLANTIC AVE #102 COCOA BEACH, FL 32931			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cox	de	
	named entity submits this statement follows of registered agent.	or the purpose of changing its r	egistered office or	registered agent, or bo	th, in the State of I	Florida. I am familiar with	, and accept	
SIGNATURE.								
	Signature, typec or printed name of registered agen	Lenc title if applicable (NOTE	Registerec Agent signati	ne recuirec when reinstating)		DATE		
Di	Filing Fee Is \$81.25 ue by September 12, 2008	9. Election Carr Trust Fund Co	paign Financing	\$5.00 May E Added to Fees	le Fi	Make check payable orida Department of S		
D:	Filing Fee is \$61.25	9. Election Carre Trust Fund Co	paign Financing	\$5.00 May B Added to Fees	Fi	Make check payable	itate	
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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 path; 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.