

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-14-2008 90025 030 \*\*\*\*61.25

<b>DOCUMENT # 769597</b> 1. Entity Name <b>JAMAICA COVE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1595 N. ATLAVE., #312</b> <b>COCOA BCH, FL 32931</b>				Mailing Address <b>1595 N. ATLAVE., #312</b> <b>COCOA BCH, FL 32931</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2715580</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEONARD, GEORGE L CPA</b> <b>1485 N ATLANTIC AVE #102</b> <b>COCOA BEACH, FL 32931</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
<b>Filing Fee is \$81.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>STONE, DENNIS</b> <b>1595 N. ATLANTIC</b> <b>COCOA BEACH, FL 32931</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>GEORGE STARK</b> <b>1595 N. ATLANTIC AVE. APT 102</b> <b>CB, FL 32931</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>STARK, GEORGE</b> <b>1595 N. ATLANTIC AVE #102</b> <b>COCOA BEACH, FL 32931</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>JOSEPH MARSDEN</b> <b>1595 N. ATLANTIC AVE APT 204</b> <b>CB, FL 32931</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>RANDALL, SHARON</b> <b>1595 N. ATLANTIC AVE #307</b> <b>COCOA BEACH, FL 32931</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FLICK, GAYLE</b> <b>1595 N ATLANTIC AVE #109</b> <b>COCOA BEACH, FL 32931</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ASSISTANT TREASURER</b> <b>DENNIS STONE</b> <b>1595 N. ATLANTIC AVE APT 105</b> <b>CB, FL 32931</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	
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.					
<b>SIGNATURE:</b> <i>Sharon Randall</i> <b>SHARON RANDALL - TREASURER</b>			<b>7-11-08 321-392-3123</b>		