## - 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Feb 11, 2008 08:00 Al **DOCUMENT # N03000009011 Secretary of State** 1. Entity Name JAMÁICA HEIGHTS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Maiting Address P.O. BOX 548 213 MAIN ST. DUNDEE, FL 33838 DUNDEE, FL 33838 01152008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0647892 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEWNARINE, CHITRAM DO NOT WRITE 213 MAIN ST. **DUNDEE, FL 33838** IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS TITLE PSTD NAME SEWNARINE, CHITRAM STREET ADDRESS 215 MAIN STREET CITY-ST-ZIP DUNDEW, FL 33838 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 dustee empowered to execute his report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

uración altra (1954)

TITLE . NAME

STREET ADDRESS CITY-ST-ZIP