2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

DOCUMENT # N21261 1. Entity Name JAMAICA WAY ON CHARLOTTE HARBOR CONDOMINIUM ASSOCIATION, INC.					()3-19-2007 9005;	2 028 **	**61.25	
1750 JAMAICA WAY 175		Mailing Address 1750 JAMAICA WAY PUNTA GORDA, FL 3395	750 JAMAICA WAY						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	n S7						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP CR2	E037 (12/	06)	
City & State		City & State PUNTA GODA F/			4. FEI Number 65-0045271			Applied For Not Applicable	
Zip	Country	Zip 33950	Country (/ S		5. Certificate of St	atus Desired 🔲	\$8.75 Fee Re	Additional guired	
	6. Name and Address of Current I				7. Name and Add	iress of New Register	ed Agent		
BECKER & POLIAKOFF, P.A.				Name					
	ANGE AVENUE A, FL 34236		Street Address (P.O. Box Number is Not Acceptable)			
			City	·		F	FL 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									
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contribution					\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIF	_	11.	n		ES TO OFFICERS AND			
TITLE NAME	GIUNTA, GIUNTA	☐ Delete	TITLE NAME	D Ken	GiUNTA		Chi	inge 🔀 Addition	
STREET ADDRESS CITY-ST-ZIP	1750 JAMICA WAY #131 PUNTA GORDA, FL 33950		STREET ADDRESS CITY-ST-ZIP	1750	OJAHAICA NTA GUR	DA FI	131 33950		
TITLE	VPD	☐ Delete	TITLE	PD	1.7 pg		Cha		
NAME STREET ADDRESS	ROSE, JACK 1750 JAMAICA WAY #132		NAME STREET ADDRESS						
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP					,	
TITLE	TD CLARE, AL	ĊX Delete	TITLE	V PI	PARSON	· G	☐ Cha	ange 💢 Addition	
NAME STREET ADDRESS	1750 JAMAICA WAY #211		NAME STREET ADDRESS	175	O JAMAIL	n way H	337		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	PUN	17A GORD	A FI 330			
TITLE NAME	D ADAH, BALZER	☐ Delete	TITLE NAME	BAL	Zer, AOI	am	□ X;Cha	ange 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP	1750 JAMAICA WAY #233		STREET ADDRESS CITY-ST-ZIP	1750	TAMAIC	4 12 17 7	233		
TITLE	PUNTA GORDA, FL 33950	☐ Delete	TITLE	SD	UTA GORAN	E1 3302	C □ Cha	inge 🔽 Âddition	
NAME			NAME	ARL	LENE LAI	FLEY CAWAU #		<i>-</i>	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	175	INTA GO	ROA F	3.3		
TITLE		☐ Delete	TITLE			<u> </u>	Cha	inge	
NAME Street address			NAME Street Address						
CITY-\$T-ZIP			CITY-ST-ZIP	l					
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: SIGNATURE AND HOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayson Prone #									