

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 041 ****61.25

DOCUMENT # N21261					
1. Entity Name JAMAICA WAY ON CHARLOTTE HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1750 JAMAICA WAY PUNTA GORDA, FL 33950			Mailing Address 100 SULLIVAN ST 112 PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0045271	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 630 S. ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: <u>Joan Greene</u> Street Address (P.O. Box Number is Not Acceptable): <u>100 Sullivan St</u> <u>Ste 112</u> City: <u>Punta Gorda</u> FL Zip Code: <u>33950</u>		
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: <u>Joan Greene</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>3/8/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 D NAME GIUNTA, KEN STREET ADDRESS 1750 JAMAICA WAY #131 CITY-ST-ZIP PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME ROSE, JACK STREET ADDRESS 1750 JAMAICA WAY #132 CITY-ST-ZIP PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME PARSONS, TOM STREET ADDRESS 1750 JAMAICA WAY #222 CITY-ST-ZIP PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ADAH, BALZER STREET ADDRESS 1750 JAMAICA WAY #233 CITY-ST-ZIP PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME LAFLEY, ARLENE STREET ADDRESS 1750 JAMAICA WAY #313 CITY-ST-ZIP PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VPD NAME MICHAEL Roche STREET ADDRESS 1750 JAMAICA WAY #324 CITY-ST-ZIP PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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>Joan Greene</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>3-10-08</u> <small>Daytime Phone #</small>	