

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734572

**Entity Name:** JAMAICA ROYALE TOWER II ASSOCIATION, INC.

**Current Principal Place of Business:**

5830 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**Current Mailing Address:**

5830 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**FEI Number:** 59-1659085

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAMAICA ROYALE MANAGEMENT, INC.  
5830 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CARMICHAEL, JACK  
Address 5830 MIDNIGHT PASS RD., #602  
City-State-Zip: SARASOTA FL 34242

Title VP  
Name UPTON, HUGH  
Address 5830 MIDNIGHT PASS RD., #603  
City-State-Zip: SARASOTA FL 34242

Title S  
Name KLOSNER, GREGORY  
Address 5830 MIDNIGHT PASS RD #401  
City-State-Zip: SARASOTA FL 34242

Title T  
Name DIEHL, DONALD  
Address 5830 MIDNIGHT PASS RD #504  
City-State-Zip: SARASOTA FL 34242

Title DIR  
Name MILNER, ALFRED  
Address 5830 MIDNIGHT PASS ROAD, #404  
City-State-Zip: SARASOTA FL 34242

Title 2VP  
Name DAVIS, THOMAS A  
Address 5830 MIDNIGHT PASS ROAD  
City-State-Zip: SARASOTA FL 34242

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS A. DAVIS

2VP

03/20/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date