2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734572

Entity Name: JAMAICA ROYALE TOWER II ASSOCIATION, INC.

FILED Apr 23, 2024 **Secretary of State** 8447079402CC

Current Principal Place of Business:

5830 MIDNIGHT PASS ROAD SARASOTA, FL 34242

Current Mailing Address:

5830 MIDNIGHT PASS ROAD SARASOTA, FL 34242 US

FEI Number: 59-1659085 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, KEVIN **BECKER & POLIAKOFF 1819 MAIN ST SUITE 905** SARASOTA, FL 34236 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: KEVIN EDWARDS 04/23/2024

> Date Electronic Signature of Registered Agent

> > Title

Address

SECRETARY

5830 MIDNIGHT PASS ROAD

Officer/Director Detail:

VΡ Title **PRESIDENT** Title

OCCHINO, LEE Name WIERDSMA, DAVID Name

Address 5830 MIDNIGHT PASS ROAD Address 5830 MIDNIGHT PASS ROAD

UNIT #306 City-State-Zip: SARASOTA FL 34242

City-State-Zip: SARASOTA FL 34242

Title **TREASURER**

Name WEINTRAUB, PAUL Name SCHMID, AMY

Address 5830 MIDNIGHT PASS ROAD

#504 SARASOTA FL 34242

City-State-Zip: City-State-Zip: SARASOTA FL 34242

Title **DIRECTOR** Title DIRECTOR

Name KLOSNER, MARK GRUBISH, JANET Name

5830 MIDNIGHT PASS ROAD 5830 MIDNIGHT PASS ROAD Address Address

UNIT #502 UNIT #503

SARASOTA FL 34242 City-State-Zip: SARASOTA FL 34242 City-State-Zip:

Title **DIRECTOR**

OCCHINO, ANTHONY Name

Address 5830 MIDNIGHT PASS ROAD

#306

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.

04/23/2024 SIGNATURE: DAVID WIERDSMA **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date