

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 US

FEI Number: 59-1659085

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MANNINA, SAMIE
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: SAMIE L. MANNINA

11/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BEYNON, TODD
Address 5830 MIDNIGHT PASS ROAD
#806
City-State-Zip: SARASOTA FL 34242

Title TD
Name FAHRMEIER, HOWARD
Address 3701 SOUTH OSPREY AVENUE
City-State-Zip: SARASOTA FL 34239

Title D
Name BECKMAN, CATHY
Address 5830 MIDNIGHT PASS RAOD
#705
City-State-Zip: SARASOTA FL 34242

Title SECRETARY
Name ROBERTSON, JAMES
Address 5830 MIDNIGHT PASS ROAD
#506
City-State-Zip: SARASOTA FL 34242

Title D
Name KLOSNER, MARK
Address 3701 SOUTH OSPREY AVENUE
City-State-Zip: SARASOTA FL 34239

Title VP
Name CARMICHEL, JACK
Address 5830 MIDNIGHT PASS ROAD
#602
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name KLOSNER, GREG
Address 5830 MIDNIGHT PASS ROAD
#401
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR
Name OVERDORF, DAVID
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: JAMES ROBERTSON

SECRETARY

11/14/2017

Electronic Signature of Signing Officer/Director Detail

Date