


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 30 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724903 (0)**

1. Corporation Name  
**JAMESTOWN ASSOCIATION, INC.**



Principal Place of Business 1638 EMBASSY DRIVE WEST PALM BEACH FL 33401	Mailing Address 1638 EMBASSY DRIVE WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/30/1972</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business No Complete Property mgmt Suite, Apt. #, etc. <b>4239 Northlake Blvd, Ste D</b> City & State <b>Palm Beach Grdns, FL</b> Zip <b>33410</b>	2a. Mailing Address No Complete Property Mgmt Suite, Apt. #, etc. <b>4239 Northlake Blvd, Ste D</b> City & State <b>Palm Beach Grdns, FL</b> Zip <b>33410</b>	4. FEI Number <b>59-1594995</b>	Applied For Not Applicable
22. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent COMPLETE PROPERTY MANAGEMENT CO., INC. 701 U.S. HWY. 1, STE.101 N.PALM BCH. FL 33408	10. Name and Address of New Registered Agent Complete Property Mgmt. Street Address (P.O. Box Number is Not Acceptable) <b>4239 Northlake Blvd., Ste D</b> Palm Beach Gardens FL Zip Code <b>33410</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *William J. Lewis* DATE: **7-25-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	GRAVES, WALTER 1638 EMBASSY DR #103 WEST PALM BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	LEWIS, WILLIAM 701 US HWY 1 SUITE 101 N PALM BCH FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	RYCROFT, EDITH 1638 EMBASSY DR. #412 W PALM BCH FL	2.2 NAME	4239 Northlake Blvd., Ste - D Palm Beach Grdns, FL 33410
TITLE D	KULPIK, TED 1638 EMBASSY DR. #412 W PALM BCH FL	2.3 STREET ADDRESS	
TITLE D	SPIERS, ALLISON E 1638 EMBASSY DR #312 WEST PALM BEACH FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Lewis* SIGNATURE REQUIRED

CR2E037 (4/97)