


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 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 724903 (0)  
 1. Corporation Name  
 JAMESTOWN ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 1638 EMBASSY DRIVE WEST PALM BEACH FL 33401  
 1638 EMBASSY DRIVE WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 No Complete Property mgmt No Complete Property Mgmt  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 4239 Northlake Blvd, Ste D 27 4239 Northlake Blvd, Ste D  
 City & State City & State  
 23 Palm Beach Grdns, FL 28 Palm Beach Grdns, FL  
 Zip Country Zip Country  
 24 33410 25 USA 29 33410 30 USA

3. Date Incorporated or Qualified 11/30/1972 3a. Date of Last Report 06/25/1996  
 4. FEI Number 59-1594995 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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  
 81 Name Complete Property Mgmt.  
 82 Street Address (P.O. Box Number is Not Acceptable) 4239 Northlake Blvd., Ste D  
 83  
 84 Palm Beach Gardens FL 85 Zip Code 33410

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, WALTER	1.2 NAME	
STREET ADDRESS	1638 EMBASSY DR #103	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, WILLIAM	2.2 NAME	
STREET ADDRESS	701 US HWY 1 SUITE 101	2.3 STREET ADDRESS	4239 Northlake Blvd., Ste - D
CITY-ST-ZIP	N PALM BCH FL	2.4 CITY-ST-ZIP	Palm Beach Grdns, FL 33410
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYCROFT, EDITH	3.2 NAME	
STREET ADDRESS	1638 EMBASSY DR. #412	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULPIK, TED	4.2 NAME	
STREET ADDRESS	1638 EMBASSY DR. #412	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIERS, ALLISON E	5.2 NAME	
STREET ADDRESS	1638 EMBASSY DR #312	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)