

FILE NOW: FILING FEE IS \$61.25

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**Mar 25 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724903 (0)

1. Corporation Name
JAMESTOWN ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
4239 NORTHLAKE BLVD STE D PALM BCH GRDNS FL 33410 US		4239 NORTHLAKE BLVD STE D PALM BCH FL 33410 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	11/30/1972
4. FEI Number	59-1594995
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. 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.
4239 NORTHLAKE BLVD
STE D
PALM BCH GRDNS FL 33410

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
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	VP
NAME	LEWIS, WILLIAM	2.2 NAME	Bocchino, Gerald
STREET ADDRESS	4239 NORTHLAKE BLVD STE D	2.3 STREET ADDRESS	1638 Embassy Dr. # 104
CITY-ST-ZIP	PALM BCH GRDNS FL	2.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE	S	3.1 TITLE	SP
NAME	RYCROFT, EDITH	3.2 NAME	JUNQUEIRA, Sonia
STREET ADDRESS	1638 EMBASSY DR. #412	3.3 STREET ADDRESS	1638 Embassy Drive #211
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33411
TITLE	D	4.1 TITLE	D
NAME	KULPIK, TED	4.2 NAME	STEIN, George
STREET ADDRESS	1638 EMBASSY DR. #412	4.3 STREET ADDRESS	1638 Embassy Dr, # 201
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	West Palm Beach, FL
TITLE	D	5.1 TITLE	TD
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Walter Graves* 3/30/98 (561) 626-2778

CR2E037 (10/97)