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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 4239 NORTHLAKE BLVD STE D PALM BCH GRDNS FL 33410 US	Mailing Address 4239 NORTHLAKE BLVD STE D PALM BCH FL 33410 US
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3. Date Incorporated or Qualified 11/30/1972	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-1594995	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 checked="" 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 checked="" 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	NAME GRAVES, WALTER	1.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 1638 EMBASSY DR #103	CITY-ST-ZIP WEST PALM BEACH FL	1.2 NAME	
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE VP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE PD	NAME LEWIS, WILLIAM	2.2 NAME Bocchino, Gerald	
STREET ADDRESS 4239 NORTHLAKE BLVD STE D	CITY-ST-ZIP PALM BCH GRDNS FL	2.3 STREET ADDRESS 1638 Embassy Dr. # 104	
1.5 CITY-ST-ZIP	1.6 CITY-ST-ZIP	2.4 CITY-ST-ZIP West Palm Beach, FL	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE S	NAME RYCROFT, EDITH	3.1 TITLE SP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 1638 EMBASSY DR. #412	CITY-ST-ZIP W PALM BCH FL	3.2 NAME JUNQUEIRA, Sonia	
1.7 CITY-ST-ZIP	1.8 CITY-ST-ZIP	3.3 STREET ADDRESS 1638 Embassy Drive #211	
TITLE D	NAME KULPIK, TED	3.4 CITY-ST-ZIP West Palm Beach, FL 33411	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 1638 EMBASSY DR. #412	CITY-ST-ZIP W PALM BCH FL	4.1 TITLE D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.9 CITY-ST-ZIP	1.10 CITY-ST-ZIP	4.2 NAME STEIN, George	
TITLE D	NAME SPIERS, ALLISON E	4.3 STREET ADDRESS 1638 Embassy Dr, # 201	
STREET ADDRESS 1638 EMBASSY DR #312	CITY-ST-ZIP WEST PALM BEACH FL	4.4 CITY-ST-ZIP West Palm Beach, FL	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.11 CITY-ST-ZIP	1.12 CITY-ST-ZIP	5.1 TITLE TD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	
CITY-ST-ZIP	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)