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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90066 033 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724903

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

11/30/1972

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

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

FL

85

Zip Code

In accordance with 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME <input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	GRAVES, WALTER	Newbill, Robert	
STREET ADDRESS	1638 EMBASSY DR #103	1.3 STREET ADDRESS	1638 Embassy Drive #203
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	W Palm Bch, FL 33401
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BOCCHINO, GERALD	2.2 NAME	
CITY-ST-ZIP	1638 EMBASSY DR #104	2.3 STREET ADDRESS	
	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JUNQUEIRA, SONIA	3.2 NAME	
CITY-ST-ZIP	1638 EMBASSY DR #211	3.3 STREET ADDRESS	
	W PALM BCH FL 33401	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STEIN, GEORGE	4.2 NAME	
CITY-ST-ZIP	1638 EMBASSY DR #201	4.3 STREET ADDRESS	1638 Embassy Drive # 109
	W PALM BCH FL	4.4 CITY-ST-ZIP	W. Palm Bch FL 33401
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SPIERS, ALLISON E.	5.2 NAME	
CITY-ST-ZIP	1638 EMBASSY DR #312	5.3 STREET ADDRESS	
	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	Stacey, Richard
		6.4 CITY-ST-ZIP	1638 Embassy Drive # 309
			W. Palm Bch FL 33401

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

5-16-99

(561) 626-2778

CR2E037 (11/98)