

FILED
Jun 19, 2001 8:00 am
Secretary of State

04-19-2001 90068 037 ***61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724903

1. Entity Name

JAMESTOWN ASSOCIATION, INC.

(Handwritten initials)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1594995

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMPLETE PROPERTY MANAGEMENT CO., INC.
 4239 NORTHLAKE BLVD
 STE D
 PALM BCH GRDNS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P
 NAME: LEWIS, WILLIAM F
 STREET ADDRESS: 4239 NORTHLAKE BLVD., SUITE D
 CITY-ST-ZIP: WEST PALM BEACH FL 33410
 Delete

TITLE: P
 NAME: President
 STREET ADDRESS: Walter Graves
 CITY-ST-ZIP: 1638 Embassy Drive, # 103
 WEST PALM BEACH, FL 33401
 Change Addition

TITLE: ST
 NAME: SPIERS, ALLISON
 STREET ADDRESS: 1638 EMBASSY DR. #312
 CITY-ST-ZIP: W PALM BCH FL 33401
 Delete

TITLE: S
 NAME: SECRETARY
 STREET ADDRESS: CATHERINE NAILOR
 CITY-ST-ZIP: 1638 EMBASSY DRIVE, # 109
 WEST PALM BEACH, FL 33401
 Change Addition

TITLE: D
 NAME: JETT, HELEN
 STREET ADDRESS: 1638 EMBASSY DRIVE #102
 CITY-ST-ZIP: W PALM BCH FL 33401
 Delete

TITLE: D
 NAME: VICE PRESIDENT
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D
 NAME: RYCROFT, EDITH
 STREET ADDRESS: 1638 EMBASSY DR #110
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Delete

TITLE: D
 NAME: TRESURER
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete

TITLE: D
 NAME: SUSAN RAPP
 STREET ADDRESS: 1638 EMBASSY DR # 408
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Change Addition

TITLE: Delete

TITLE: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Lewis* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/00)