

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

0002111

**DOCUMENT # 724903**

1. Entity Name

**JAMESTOWN ASSOCIATION, INC.**

05-01-2002 91483 034 \*\*\*\*61.25

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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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
State <b>FL</b> 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 reinstating)      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 NAME	<b>P</b> <b>GRAVES, WALTER</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1638 EMBASSY DR. #103</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33401</b>	
TITLE NAME	<b>S, D</b> <b>NAILOR, CATHERINE</b>	<input checked="" type="checkbox"/> OK
STREET ADDRESS	<b>1638 EMBASSY DR. #109</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33401</b>	
TITLE NAME	<b>DVP</b> <b>JETT, HELEN</b>	<input checked="" type="checkbox"/> OK
STREET ADDRESS	<b>1638 EMBASSY DRIVE #102</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33401</b>	
TITLE NAME	<b>DT</b> <b>RYCROFT, EDITH</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1638 EMBASSY DR #110</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE NAME	<b>D</b> <b>RAPP, SUSAN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1638 EMBASSY DR. #408</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33401</b>	
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>P, D</b> <b>CARL Merchant</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>1638 Embassy Dr. #112</b>	
CITY-ST-ZIP	<b>West Palm Bch, FL 33401</b>	

12. 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 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: *Carl Merchant*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-17-02 626278**

CR2E037 (9/01)