


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90133 003 ****61.25

DOCUMENT# 724903					
1. Entity Name JAMESTOWN ASSOCIATION, INC.					
Principal Place of Business 4239 NORTH LAKE BLVD STED PALMBCHGRDNS, FL 33410US		Mailing Address 4239 NORTH LAKE BLVD STED PALMBCH, FL 33410US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt., #, etc.		Suite, Apt., #, etc.			
City & State		City & State		4. FEINumber 59-1594995	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPLETE PROPERTY MANAGEMENT CO., INC. 4239 NORTH LAKE BLVD. STE D PALM BCH GRDNS, FL 33410			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when installing)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAILOR, CATHERINE	NAME			
STREET ADDRESS	1638 EMBASSY DR. #109	STREET ADDRESS			
CITY - ST - ZIP	W PALM BCH, FL 33401	CITY - ST - ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERCHANT, CARL	NAME			
STREET ADDRESS	1638 EMBASSY DR, #112	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	CITY - ST - ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALVIS, SONIA	NAME			
STREET ADDRESS	1638 EMBASSY DRIVE 211	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HITTLE, CRAIG	NAME			
STREET ADDRESS	1638 EMBASSY DR., 307	STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH, FL 33401	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	D BURG ZEEV		
STREET ADDRESS		STREET ADDRESS	1638 EMBASSY DR. # 309		
CITY - ST - ZIP		CITY - ST - ZIP	WEST PALM BEACH, FL 33401		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>Carl Merchant</u>				Date: <u>4-6-05</u> Daytime Phone: <u>813-626-0778</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone#</small>	