

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90289 019 ****61.25



DOCUMENT # 724903

1. Entity Name

JAMESTOWN ASSOCIATION, INC.

Principal Place of Business

4239 NORTH LAKE BLVD
 STE D
 PALM BCH GRDNS FL 33410
 US

Mailing Address

4239 NORTH LAKE BLVD
 STE D
 PALM BCH FL 33410
 US



1st MOORE CR2E037 (10/05)

2. Principal Place of Business

3307 Northlake Blvd
 Suite 107
 City & State
 Palm Bch Gardens FL

3. Mailing Address

3307 Northlake Blvd
 Suite 107
 City & State
 Palm Bch Gardens FL

City & State

Palm Bch Gardens FL

Zip
 33403

Country
 USA

City & State

Palm Bch Gardens FL

Zip
 33403

Country
 USA

4. FEI Number

59-1594995

Applied For

Not Applicable

5. Certificate of Status Desired

\$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)

3307 Northlake Blvd
 Suite 107

City

Palm Beach Gardens FL

Zip Code

33403

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

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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	NAILOR, CATHERINE	
STREET ADDRESS	1638 EMBASSY DR. #109	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MERCHANT, CARL	
STREET ADDRESS	1638 EMBASSY DR, #112	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	Dir	<input type="checkbox"/> Delete
NAME	BURG, ZEEV	
STREET ADDRESS	1638 EMBASSY DR #309	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ADD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA DENNA Cushman	
STREET ADDRESS	1638 EMBASSY DR #204	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Pierce	
STREET ADDRESS	1638 EMBASSY DR #401	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 626-2778

Date

Daytime Phone #