FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

THE STATE OF FLORIDA
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736521 (6)

1. Corporation Name

JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.

FILED
95 FEB 22 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 950455 LAKE MARY FL 32795-7455	PO BOX 950455 LAKE MARY FL 32795-7455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1976
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1698478 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEAGE, LCAM D
C/O ENERGY PROPERTY MGMT
165 WEST S R 434
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Energy Property Management Services
82 Street Address (P.O. Box Number is Not Acceptable): 165 West SR 434
83
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Anne H. Russell Anne H. Russell, President, Energy Prop MGMT. Serv. Inc 2/21/95
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		
TITLE	DT	1.1 TITLE	/dir	☒ Change ☐ Addition
NAME	O'BRIEN, DIANE	1.2 NAME	Salazar, Manuel	
STREET ADDRESS	712 ST MICHAEL LANE	1.3 STREET ADDRESS	715 St. Michael Lane	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	DVP	2.1 TITLE	Dir/Treas	☒ Change ☐ Addition
NAME	PLAICE, JILL	2.2 NAME	Sergeant, Malcolm	
STREET ADDRESS	709 ST. MICHAEL LANE	2.3 STREET ADDRESS	716 St. Matthew Circle	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HARDER, MARLILES	3.2 NAME		
STREET ADDRESS	701 ST MATTHEW	3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	Dir.	☒ Change ☐ Addition
NAME	BAKER, JILL	4.2 NAME	Verhoff, Al	
STREET ADDRESS	708 ST. MATTHEW CIRCLE	4.3 STREET ADDRESS	712 St. Matthew Circle	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	5.1 TITLE		☐ Change ☒ Addition
NAME	RUEL, JOANNE	5.2 NAME		
STREET ADDRESS	714 ST MATTHEW CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	32714	
TITLE	DS	6.1 TITLE	Dir.	☒ Change ☐ Addition
NAME	SIMMONS, TRACEY	6.2 NAME	Terri Miller	
STREET ADDRESS	705 ST. MICHAEL LANE	6.3 STREET ADDRESS	715 St. Matthew Circle	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	6.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Enid B. Hamilton Pres. 2/13/95 407 327-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003778

Additional information for item #12

Secy/Dir
Deborah DeVoe
716 St. Michael Lane
Altamonte Springs, FL 32714

Pres/Dir
Erik Anderson
707 St. Michael Lane
Altamonte Springs, FL 32714

Dir./V Pres.
Laura Wood
708 Raymond Circle
Altamonte Springs, FL 32714