

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736521 (6)

JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **08/04/1976**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1698478**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENERGY PROPERTY MANAGEMENT SERVICE
165 WEST SR 434
165 WEST S R 434
WINTER SPRINGS FL 32708**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Anne H. Russell*, Pres, Energy Property Mgmt Svcs 2/23/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SALAZAR, MANUEL | |
| STREET ADDRESS | 715 ST. MICHAEL LANE | |
| CITY-ST-ZIP | ALTAMONTE SPRGS, FL00000 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | SERGEANT, MALCOLM | |
| STREET ADDRESS | 716 ST. MATTHEW CIRCLE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARDER, MARLILES | |
| STREET ADDRESS | 701 ST MATTHEW | |
| CITY-ST-ZIP | ALTAMONTE SPRGS, FL00000 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VERHOFF, AL | |
| STREET ADDRESS | 712 ST. MATTHEW CIRCLE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RUEL, JOANNE | |
| STREET ADDRESS | 714 ST MATTHEW CIR | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MILLER, TERRI | |
| STREET ADDRESS | 715 ST. MATTHEW CIRCLE | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| 1.2 NAME | Riley, Derek |
| 1.3 STREET ADDRESS | 709 St. Matthew Circle |
| 1.4 CITY-ST-ZIP | Altamonte Springs, FL 32714 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | Dir/Secy. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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)(k), 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: *Laura J. Hood*, President 2/19/96 407-322-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

**Jamestown Village
Annual Report**

Additional Directors

**Andersen, Erik
Vice-President/Director
707 St. Michael Lane
Altamonte Springs, FL 32714**

Vacancy

**Wood, Laura
Pres/Director
708 Raymond Circle
Altamonte Springs, FL 32714**