

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736521** (6)

1. Corporation Name

JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 950455
LAKE MARY FL 32795-7455

PO BOX 950455
LAKE MARY FL 32795-0455



3. Date Incorporated or Qualified **08/04/1976** 3a. Date of Last Report **02/28/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1698478		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		Zip		Country	
24		25		29		30	

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 8th AVE~~
WINTER SPRINGS FL 32708

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, DEREK	1.2 NAME	Huneke, Cordt
STREET ADDRESS	709 ST. MATHEW CIRCLE	1.3 STREET ADDRESS	703 St. Matthew Circle
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	1.4 CITY - ST - ZIP	Altamonte Springs, FL 32714
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGEANT, MALCOLM	2.2 NAME	
STREET ADDRESS	716 ST. MATTHEW CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDER, MARILES	3.2 NAME	
STREET ADDRESS	701 ST MATTHEW	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRGS, FL00000	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERHOFF, AL	4.2 NAME	
STREET ADDRESS	712 ST. MATTHEW CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TERRI	6.2 NAME	
STREET ADDRESS	715 ST. MATTHEW CIRCLE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	6.4 CITY - ST - ZIP	

14. I do 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 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. Wood* **2/24/97** **407-327-5824**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018612

CR2E037 (9/96)

JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.
DOCUMENT #736521 (6)

additional directors for item #12

V/D
Andersen, Erik
707 St. Michael Lane
Altamonte Springs, FL 32714

P/D
Wood, Laura
708 Raymond Circle
Altamonte Springs, FL 32714

D
O'Brien, Diane
712 St. Michael Lane
Altamonte Springs, FL 32714