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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736521

1. Corporation Name
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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/04/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1698478
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name E P M Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 165 W. SR 434
83
84 City Winter Springs
85 Zip Code FL 32708

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* ANNE H. Russell, President EPM Services Inc. DATE 3/2/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	DELETE <input checked="" type="checkbox"/>
NAME BODOH, JOY	
STREET ADDRESS 713 ST MATTHEW CIR	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE D	DELETE <input checked="" type="checkbox"/>
NAME SERGEANT, MALCOLM	
STREET ADDRESS 716 ST. MATTHEW CIRCLE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL	
TITLE D	DELETE <input type="checkbox"/>
NAME CROSS, MARILYN	
STREET ADDRESS 703 ST MATTHEW CIR	
CITY-ST-ZIP ALTAMONTE SPRGS, FL00000 32704	
TITLE D	DELETE <input type="checkbox"/>
NAME VERHOFF, AL	
STREET ADDRESS 712 ST. MATTHEW CIRCLE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL	
TITLE TD	DELETE <input type="checkbox"/>
NAME RUEL, JOANNE	
STREET ADDRESS 714 ST MATTHEW CIR	
CITY-ST-ZIP ALTAMONTE SPRINGS FL	
TITLE SD	DELETE <input checked="" type="checkbox"/>
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 D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME Harder, Ted	
1.3 STREET ADDRESS 701 St. Matthew Circle	
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714	
2.1 TITLE Dir.	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME Bonsignore, Gary	
2.3 STREET ADDRESS 71 Hunters Trail	
2.4 CITY-ST-ZIP Longwood, FL	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE Pres/Dir	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE Dir	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME O'Brien, Diane	
6.3 STREET ADDRESS 712 St. Michael Lane	
6.4 CITY-ST-ZIP Altamonte Springs, FL 32714	

14. 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 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, with all other like empowered.

SIGNATURE: *Anne H. Russell* **REQUIRED** DATE: 2-22-98 DAYTIME PHONE #: (407) 327-5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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Additional Directors
Jamestown Village - Unit One HOA
Document #736521

Kim Hill
Director
711 St. Matthew Circle
Altamonte Springs, FL 32714

Laura Wood
Vice-President/Director
708 Raymond Circle
Altamonte Springs, FL 32714

Andersen, Erik
707 St. Michael Lane
Altamonte Springs, FL 32714
Secretary/Director