

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90015 041 \*\*\*\*61.25

**DOCUMENT # 736521**

1. Entity Name  
**JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**165 W SR 434  
WINTER SPRINGS, FL 32708**

Mailing Address  
**PO BOX 915322  
LAKE MARY, FL 32705-7455**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 915322**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-NP CR2E037 (10/03)

City & State

City & State  
**Longwood, Florida**

4. FEI Number  
**59-1698478**

Applied For  
Not Applicable

Zip

Country

Zip  
**32791-5322**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL ASSOCIATION MGMT COMPANY  
165 WEST SR 434  
WINTER SPRINGS, FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Filing Fee is \$61.25  
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **LEUVEN, ALICIA**  
STREET ADDRESS **704 ST. MICHAEL LANE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D** ☐ Change ☒ Addition  
NAME **ANDERSON, ERIK**  
STREET ADDRESS **707 ST. MICHAEL LN**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **P/D** ☐ Delete  
NAME **WENGLER, LARRY**  
STREET ADDRESS **716 RAYMOND CIRCLE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D** ☐ Change ☒ Addition  
NAME **GERRAUGHTY, BRIAN**  
STREET ADDRESS **711 ST. MATTHEW CIR.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **TD** ☐ Delete  
NAME **WOOD, LAURA**  
STREET ADDRESS **708 RAYMOND CIR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D** ☐ Change ☒ Addition  
NAME **KLINCK, SUSAN**  
STREET ADDRESS **713 ST. MATTHEW CIR.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **VD** ☒ Delete  
NAME **MILLER, ANTHONY**  
STREET ADDRESS **715 ST. MATTHEW CIRCLE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **SD** ☐ Change ☒ Addition  
NAME **DURRONE, TERESA**  
STREET ADDRESS **715 ST. MICHAEL LN**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D** ☒ Delete  
NAME **RUEL, JOANNE**  
STREET ADDRESS **714 ST. MATTHEW CIR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **O'BRIEN, DIANE**  
STREET ADDRESS **712 ST MICHAEL LANE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-15-2004**

Date

Daytime Phone #