


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90002 016 ****61.25

DOCUMENT # 736521

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




Principal Place of Business
**901 NORTH LAKE DESTINY DRIVE
 SUITE 110
 MAITLAND, FL 32751**

Mailing Address
**901 NORTH LAKE DESTINY DRIVE
 SUITE 110
 MAITLAND, FL 32751**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1698478

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBB, ROBIN L
 901 NORTH LAKE DESTINY DRIVE
 SUITE 110
 MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, ERIK 707 ST. MICHAEL LANE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WENGLER, LARRY 716 RAYMOND CIRCLE ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOD, LAURA 708 RAYMOND CIR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, MARILYN 709 ST. MATTHEW CIR. ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINCK, SUSAN 713 ST. MATTHEW CIR. ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, DIANE 712 ST MICHAEL LANE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PERRY, CHRISTY 312 WHITE OAK DRIVE ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DEBORAH POWELL 711 ST. MATTHEW CIRCLE ALT. SPG. FLA. 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D KATHIE LOWERY 704 ST MATTHEW CIRCLE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Margaret Holcomb 709 Saint Michael Lane Alt. Spgs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Erik B Anderson 707 St Michael Lane Altamonte Springs Fl. 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D KLINCK, Susan 713 St. Mathew Cir Altamonte Springs Fl. 32714

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Erik B Anderson 2/21/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #