## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #736521**

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



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

Feb 27, 2008 8:00 am Secretary of State

**FILED** 

ASSOCIATION, INC.					
Principal Place of Business	Mailing Ad				

Principal Place of Business 901 NORTH LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751  Mailing Address 901 NORTH LAKE DESTINY D SUITE 110 MAITLAND, FL 32751		IY DRIVE				
Principal Place of Business - No P.O. Box #     Mailing Address			E HE BAIK HER REAL AND DIVINE BUILD KINDA KINDA DIDAH BUDAH BUDAH BUDAH BUDAH BUDAH BUDAH BAI IRAN			
Suite, Apt. #, etc. Suite		ite, Apt. #, etc.		01162008 Chg-NP CR2E037 (12/06)		
City & State		Cit	City & State		4. FEt Number Applied For 59-1698478 Not Applicable	
Zip		Country	Zip	}	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name a	nd Address of Curr	ent Registere	d Agent		7. Name and Address of New Registered Agent
WEBB, ROBIN L 901 NORTH LAKE DESTINY DRIVE SUITE 110 MAITLAND, FL 32751					Address (P.O. Box Number is Not Acceptable)	
. •					City	FL   Zip Code
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. 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Filling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Fine 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	VD			☐ Delete	TITLE	☐ Change ☑ Addition
NAME	ANDERSO	•			NAME	PERRY CHRISTY DOLVE
STREET ADORESS		CHAEL LANE	20744		STREET ADDRESS	312 WHITE OAK DRIVE
CITY-ST-ZIP	7.277.000112.017.00011.2.02.11.		CITY-ST-ZIP	ALTAMONTE OPRINGS, IL 32701		
TITLE	P/D			Delete	TITLE D	DESCRAH POWELL Addition
NAME	WENGLER	, LARRY OND CIRCLE		•	NAME STREET ADDRESS	711 St. MATTHEWS CIRCLE
STREET ADDRESS CITY-ST-ZIP	I	TE SPRINGS, FL	32714		CITY+ST+ZIP	Ar COL FIA 27714
TITLE	TD	20111100,12	-	☐ Delete	TITLE D	Change Paddition
NAME	WOODTLA	URA		LJ DOIGIC	NAME	*ATHIE LOWERY
STREET ADDRESS	708 RAYM	OND CIR			STREET ADDRESS	704 ST MATTHEW CIRCLE
CITY-ST-ZIP	ALTAMON'	TE SPRINGS, FL	32714		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
FITLE	S			Delete	TITLE	Change Addition
NAME	DAVIS, MA			`	NAME	Margaret Holcomb
STREET ADDRESS CITY-ST-ZIP	1	ATTHEW CIR. TE SPRINGS, FL	2271/		STREET ADDRESS CITY-ST-ZIP	209 Stint Michael Lane
	D	TE SPININGS, I'E	32714	Пъ	TITLE	Alt. Spgs, MC 32714  Change Addition
TITLE				☐ Delete	HILE	
NAME	1 -	ISAN			NAME	PD Change Li Addition
NAME STREET ADDRESS	KLINCK, S	JSAN ATTHEW CIR.			NAME STREET ADDRESS	Erik B Andersen Lame
	KLINCK, SI 713 ST. MA		32714			Erik B Andersen Lame
STREET ADDRESS	KLINCK, SI 713 ST. MA	ATTHEW CIR.	32714	☐ Delete	STREET ADDRESS	Erik B Andersen Lame 707 St Michael Lame Altamonte Springs 21, 32114 V/D Change Addition
STREET ADDRESS CITY-ST-ZIP	KLINCK, SI 713 ST. MA ALTAMON	ATTHEW CIR. TE SPRINGS, FL	32714	☐ Delete	STREET ADDRESS CITY-ST-ZIP	Erik B Andersen Lane 707 St Michael Lane Altamente Springs 21, 32714 V/D Schange Addition KLINCK, Susan
STREET ADDRESS CITY-ST-ZIP TITLE	KLINCK, S 713 ST. MA ALTAMON D O'BRIEN, I 712 ST MK	ATTHEW CIR. TE SPRINGS, FL		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	Erik B Andersen Lame 707 St Michael Lame Altamente Springs 71, 32714 V/D KLINCK, Susan

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR