

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736521

FILED
Mar 12, 2010
Secretary of State

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

Current Principal Place of Business:

901 NORTH LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

New Principal Place of Business:

135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

901 NORTH LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

New Mailing Address:

135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-1698478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PRESIDENTIAL GROUP SOUTH
135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: ANTHONY GUADAGNINO

03/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GREENE, JUSTIN
Address: 708 ST MICHAELS LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP
Name: HALL, MICHAEL
Address: 701 ST MICHAEL LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S
Name: LEMONDS, LESA
Address: 701 ST MATTHEW CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: KLINCK, SUSAN
Address: 713 ST MATTHEW LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: HOLCOMB, MARGARET
Address: 709 ST MICHAEL LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: O'BRIEN, DIANE
Address: 712 ST MICHAEL LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUSTIN GREENE

P

03/12/2010

Electronic Signature of Signing Officer or Director

Date