

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90963 015 ****61.25

DOCUMENT # 736521

1. Entity Name

JAMESTOWN VILLAGE Unit One Homeowners
ASSOCIATION, Inc.



DO NOT WRITE IN THIS SPACE

00000001

2. Principal Place of Business

165 W. SR 434

3. Mailing Address

P O Box 915322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS FL

City & State

LONGWOOD FL

Zip

32708

Country

USA

Zip

32791-5322

Country

USA

4. FEI Number

59-1698478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NATIONAL ASSOCIATION Management Co.

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

165 W SR 434

City

Winter Springs

FL

Zip Code

32708

**DO NOT WRITE
IN THIS SPACE**

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]

Marc A. Blum - President

1/30/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
initial or Amended UBR

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
P/D	Lawrence Wengler	716 Raymond Circle	Altamonte Springs FL 32714
D/I	Laura Wood	708 Raymond Cir	Altamonte Springs FL 32714
D	Diane O'Brien	712 St. Michael Lane	Altamonte Springs FL 32714
D/V	Susan Kinck	713 St. Matthew Cir	Altamonte Springs FL 32714
D	Teresa duRhone	715 St. Michael Lane	Altamonte Springs FL 32714
D	JoAnn Ruel	714 St. Matthew Cir	Altamonte Springs FL 32714

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

2/17/2003

4072628174

Attachment

736521

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

Director

Antonio Chessa
709 St. Matthew Circle
Altamonte Springs, FL 32714

Director

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