## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 724903** 

Entity Name: JAMESTOWN ASSOCIATION, INC.

Current Principal Place of Business:

C/O HOWE MANAGEMENT 1500 GATEWAY BLVD. SUITE 220 BOYNTON BEACH, FL 33426

## **Current Mailing Address:**

C/O HOWE MANAGEMENT 1500 GATEWAY BLVD. SUIRE 220 BOYNTON BEACH, FL 33426 US

FEI Number: 59-1594995 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ROSENBAUM MOLLENGARDEN PLLC 250 SOUTH AUSTRALIAN AVENUE 5TH FLOOR WEST PALM BEACH, FL 33401 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: PETER MOLLENGARDEN 02/13/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title S

Name BURG, ZEEV Name CUSHMAN, LISA D

Address C/O HOWE MANAGEMENT Address C/O HOWE MANAGEMENT

1500 GATEWAY BLVD. SUITE 220 1500 GATEWAY BLVD. SUITE 220

City-State-Zip: BOYNTON BEACH FL 33426 City-State-Zip: BOYNTON BEACH FL 33426

Title DIRECTOR Title TREASURER

Name SESSA, DANIEL Name OCAMPO, LUZ-MERY

Address C/O HOWE MANAGEMENT Address C/O HOWE MANAGEMENT

1500 GATEWAY BLVD. SUITE 220 1500 GATEWAY BLVD. SUITE 220

City-State-Zip: BOYNTON BEACH FL 33426 City-State-Zip: BOYNTON BEACH FL 33426

Title PRESIDENT

Name VALENCIA, OMAR

Address C/O HOWE MANAGEMENT

1500 GATEWAY BLVD. SUIRE 220

City-State-Zip: BOYNTON BEACH FL 33426

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: LISA CUSHMAN SECRETARY 02/13/2017

FILED Feb 13, 2017

**Secretary of State** 

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