

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736521

**Entity Name:** JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Mar 08, 2023**  
**Secretary of State**  
**0877340346CC****Current Principal Place of Business:**610 N WYMORE ROAD  
SUITE 200  
MAITLAND, FL 32751-4239**Current Mailing Address:**610 N WYMORE ROAD  
SUITE 200  
MAITLAND, FL 32751-4239 US**FEI Number: 59-1698478****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMSTOCK, GARY  
610 N WYMORE ROAD  
SUITE 200  
MAITLAND, FL 32751-4239 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:** GARY COMSTOCK

03/08/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D, VP
Name	SIKES, AMANDA
Address	610 N WYMORE ROAD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	D, S, T
Name	LOWERY, KATHLEEN
Address	610 N WYMORE ROAD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	DIRECTOR
Name	ANDERSON, MARYANNE
Address	610 N WYMORE ROAD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

Title	D, P
Name	CONWAY, ASHLEY
Address	610 N WYMORE ROAD SUITE 200
City-State-Zip:	MAITLAND FL 32751-4239

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:** KATHLEEN LOWERY**SECRETARY**

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date