

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736521

Entity Name: JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 14, 2017
Secretary of State
CC2110876424**Current Principal Place of Business:**2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703**Current Mailing Address:**2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703 US**FEI Number: 59-1698478****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KANAGA, MERIDYTHE
2755 BORDER LAKE ROAD
SUITE 101
APOPKA, FL 32703 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: MERIDYTHE KANAGA****01/14/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name HOLCOMB, MARGARET
Address 2755 BORDER LAKE ROAD
SUITE 101
City-State-Zip: APOPKA FL 32703**Title** VP, DIRECTOR
Name WOOD, SERENA
Address 2755 BORDER LAKE ROAD
SUITE 101
City-State-Zip: APOPKA FL 32703**Title** SECRETARY, TREASURER,
DIRECTOR
Name LOWERY, KATHLEEN
Address 2755 BORDER LAKE ROAD
SUITE 101
City-State-Zip: APOPKA FL 32703**Title** DIRECTOR
Name RICHARDS, GALE
Address 2755 BORDER LAKE ROAD
SUITE 101
City-State-Zip: APOPKA FL 32703**Title** DIRECTOR
Name ANDERSON, MARYANNE
Address 2755 BORDER LAKE ROAD
SUITE 101
City-State-Zip: APOPKA FL 32703**Title** DIRECTOR
Name MUIR, MAUREEN
Address 2755 BORDER LAKE ROAD
SUITE 101
City-State-Zip: APOPKA FL 32703**Title** DIRECTOR
Name LEUVEN, ALICIA
Address 2755 BORDER LAKE ROAD
SUITE 101
City-State-Zip: APOPKA FL 32703**Title** DIRECTOR
Name GEROLD, DANIEL
Address 2755 BORDER LAKE ROAD
SUITE 101
City-State-Zip: APOPKA FL 32703

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/TREASURER 01/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date