

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736521

Entity Name: JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 05, 2016
Secretary of State
CC1896991673**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779**FEI Number: 59-1698478****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: BRADLEY POMP****03/05/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name HOLCOMB, MARGARET
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** VP, DIRECTOR
Name WOOD, SERENA
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** SECRETARY, DIRECTOR
Name LOWERY, KATHLEEN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** TREASURER, DIRECTOR
Name WOOD, LAURA
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name RICHARDS, GALE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name ANDERSON, MARYANNE
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name MUIR, MAUREEN
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Title** DIRECTOR
Name LEUVEN, ALICIA
Address 2180 WEST SR 434 STE 5000
City-State-Zip: LONGWOOD FL 32779**Continues on page 2**

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: MARGARET HOLCOMB**PRESIDENT****03/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GEROLD, DANIEL
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779