

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736521

**Entity Name:** JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Feb 23, 2021**  
**Secretary of State**  
**7858319995CC****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****02/23/2021**

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** D, VP  
**Name** SIKES, AMANDA  
**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** ANDERSON, MARYANNE  
**Address** 2755 BORDER LAKE ROAD  
SUITE 101  
**City-State-Zip:** APOPKA FL 32703**Title** DIRECTOR  
**Name** CAMPOS, JOSE  
**Address** 2755 BORDER LAKE ROAD  
SUITE 101  
**City-State-Zip:** APOPKA FL 32703**Title** DIRECTOR  
**Name** CONWAY, ASHLEY  
**Address** 2755 BORDER LAKE ROAD  
SUITE 101  
**City-State-Zip:** APOPKA FL 32703**Title** DIRECTOR  
**Name** DIAZ, GINA  
**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 02/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date