


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736521 (6)**  
 1. Corporation Name  
**JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business PO BOX 950455 LAKE MARY FL 32795-7455	Mailing Address PO BOX 950455 LAKE MARY FL 32795-7455
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified <b>08/04/1976</b>		
4. FEI Number <b>59-1698478</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ENERGY PROPERTY MANAGEMENT SERVICE  
 165 WEST SR 434  
 165 WEST S R 434  
 WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HUNEKE CORDT</b>
STREET ADDRESS	<b>703 ST MATTHEW CIR</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SERGEANT, MALCOLM</b>
STREET ADDRESS	<b>716 ST. MATTHEW CIRCLE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARDER, MARLILES</b>
STREET ADDRESS	<b>701 ST MATTHEW</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRGS, FL00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VERHOFF, AL</b>
STREET ADDRESS	<b>712 ST. MATTHEW CIRCLE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>RUEL, JOANNE</b>
STREET ADDRESS	<b>714 ST MATTHEW CIR</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, TERRI</b>
STREET ADDRESS	<b>715 ST. MATTHEW CIRCLE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Bodoh, Joy</b>
1.3 STREET ADDRESS	<b>713 St. Matthew Circle</b>
1.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32714</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D</b> <b>Cross, Marilyn</b>
3.3 STREET ADDRESS	<b>703 St. Matthew Circle</b>
3.4 CITY-ST-ZIP	<b>Altamonte Springs, FL 32704</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 1/19/98 407 327 5824

CR2E037 (10/97)

Additional Directors:

no change      Laura Wood                      P/D  
                    708 Raymond Circle  
                    Altamonte Springs, FL              32714

                    Erik Andersen                      V/D  
                    707 St. Michael Lane  
                    Altamonte Springs, FL              32714

addition:      Phillip Germano  
                    705 St. Michael Lane  
                    Altamonte Springs, FL              32714