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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744898** (8)
1. Corporation Name

JAMESTOWN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O RAMPART PROPERTIES, INC.
10033 9TH ST. N. 2ND FLOOR
ST. PETERSBURG FL 33716
C/O RAMPART PROPERTIES, INC.
10033 9TH ST. N. 2ND FLOOR
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/13/1978** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2043073** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 C/O Liberte Management 26 C/O Liberte Management
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 10645 1st Street E. 27 10645 1st Street E.
City & State City & State
23 Treasure Island, FL 28 Treasure Island, FL
Zip Country Zip Country
24 33706 25 USA 29 33706 30 Usa

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RICHES JOHN
1310-C 85TH TERRACE N
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Sections 607.0505, Florida Statutes.

SIGNATURE *John St. Riches* PRESIDENT 1-30-95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RICHES JOHN
STREET ADDRESS	1310-C 85TH TERRACE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D
NAME	MYLES, JOHN
STREET ADDRESS	1142-C 84TH TERRACE N
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	SMTIH EDNA
STREET ADDRESS	1184-B 85TH TERRACE N
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	STENGER ANDREW
STREET ADDRESS	1295-C 85TH TERRACE N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D
NAME	RUBIN JEAN
STREET ADDRESS	1263-D 84H AVE N
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUBIN, JEAN
1.3 STREET ADDRESS	1263-D 84TH AVE. N.
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL.
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLDER, LORNA
2.3 STREET ADDRESS	8523-D 10th Street N.
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL.
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURPHY, LARONE
3.3 STREET ADDRESS	1350-A 85th TERRACE N.
3.4 CITY-ST-ZIP	St. Petersburg, FL.
4.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHES JOHN
4.3 STREET ADDRESS	1310-C 85th TERRACE N
4.4 CITY-ST-ZIP	St. Petersburg, FL.
5.1 TITLE	Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ELVA C. Howard.
5.3 STREET ADDRESS	8595-B 12th Way N.
5.4 CITY-ST-ZIP	St. Petersburg, FL. 33702
6.1 TITLE	Asst. Sec. <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JEANNE Shute
6.3 STREET ADDRESS	1061-A 85th Terr. N.
6.4 CITY-ST-ZIP	St. Petersburg, FL. 33702

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elva C. Howard* Jan. 30, 1995 576-0792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)