

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **744898** (8)
1. Corporation Name
JAMESTOWN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O LIBERTE MANAGEMENT
10645 1ST STREET E.
TREASURE ISLAND FL 33706
US

3. Date Incorporated or Qualified **11/13/1978** 3a. Date of Last Report **02/03/1995**
4. FEI Number **59-2043073** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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 **Elva C. Howard Pres.**
82 Street Address (P.O. Box Number is Not Acceptable) **8585-B 12th Way N.**
83 **St. Petersburg,**
84 City **FL** 85 Zip Code **33702**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RUBIN, JEAN	
STREET ADDRESS	1263-D 84TH AVE. N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOLDER, LORNA	
STREET ADDRESS	8523-D 10TH STREET N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, LARONE	
STREET ADDRESS	1350-A 85TH TERRACE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	RICHES, JOHN	
STREET ADDRESS	1310-C 85TH TERRACE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, ELVA C.	
STREET ADDRESS	8585-B 12TH TERR. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SHUTE, JEANNE	
STREET ADDRESS	10614-A 85TH TERR.N	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ruth Angeli	
1.3 STREET ADDRESS	1305-C 85th Terr. N.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLDER, LORNA	
2.3 STREET ADDRESS	8523-D 10th St. N.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Batzka, Norman	
3.3 STREET ADDRESS	1114-B 85th Terr. N.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Schwarzenburg, Walter	
5.3 STREET ADDRESS	1281-D 84th Ave.	
5.4 CITY-ST-ZIP	St. Petersburg FL 33702	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Smith, Edna	
6.3 STREET ADDRESS	1184-B 85 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 119.07(3)(k), 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: Elva C. Howard Pres. Date: Feb. 8, 1996 813-576-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)