

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthair</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744898 (8)**

1. Corporation Name  
**JAMESTOWN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O LIBERTE MANAGEMENT 10645 1ST STREET E. TREASURE ISLAND FL 33706 US</b>	Mailing Address <b>C/O LIBERTE MANAGEMENT 10645 1ST STREET E. TREASURE ISLAND FL 33706-4803 US</b>
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3. Date Incorporated or Qualified <b>11/13/1978</b>	3a. Date of Last Report <b>03/06/1996</b>
4. FEI Number <b>59-2043073</b>	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HOWARD, ELVA C. PRES.  
8585-B 12TH WAY N  
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name <b>LIBERTE MGMT. OPI (DENNIS DITINARO)</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10645 1ST STREET E</b>
83
84 City <b>TREASURE ISLAND FL</b> Zip Code <b>33706</b>

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 617.0504, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE	11 TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ANGEL, RUTH</b>		12 NAME <b>JEAN RUBIN</b>
STREET ADDRESS <b>1305-C 85TH TERR N</b>		13 STREET ADDRESS <b>1263 84TH AVEN</b>
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		14 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>NOLDER, LORNA</b>		22 NAME <b>LARONE MURPHY</b>
STREET ADDRESS <b>8523-D 10TH STREET N.</b>		23 STREET ADDRESS <b>1360 A 85TH TERR. N.</b>
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		24 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	31 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BATZKA, NORMAN</b>		32 NAME <b>ANN MCKENZIE</b>
STREET ADDRESS <b>1114-B 85TH TERR N</b>		33 STREET ADDRESS <b>8585 D 12TH WAY N.</b>
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		34 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	41 TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RICHES, JOHN</b>		42 NAME <b>BARBARA MCBULLOUGH</b>
STREET ADDRESS <b>1310-C 85TH TERRACE N</b>		43 STREET ADDRESS <b>1147 A 84TH TERR N</b>
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		44 CITY-ST-ZIP <b>ST. PETERSBURG FL 33702</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	51 TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SCHWARZENBURG, WALTER</b>		52 NAME <b>SUSAN ALLEN</b>
STREET ADDRESS <b>1281-D 84TH AVE</b>		53 STREET ADDRESS <b>8522C 10TH ST. N</b>
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		54 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	61 TITLE <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SMITH, EDNA</b>		62 NAME <b>LEONA RICHES</b>
STREET ADDRESS <b>1184-B 85TERR N</b>		63 STREET ADDRESS <b>1810 C 85 TERR N</b>
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		64 CITY-ST-ZIP <b>ST. PETERSBURG, FL 33702</b>

14. I do 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.

CR2E037 (9/96)