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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: C/O LIBERTE MANAGEMENT, 10845 1ST STREET E, TREASURE ISLAND FL 33706, US

Mailing Address: C/O LIBERTE MANAGEMENT, 10845 1ST STREET E, TREASURE ISLAND FL 33706, US

3. Date Incorporated or Qualified: 11/13/1978

4. FEI Number: 59-2043073

Applied For: Not Applicable

2. Principal Place of Business: 21 C/O S+R PROPERTY MGMT, 3129-49th ST. N., ST. PETERSBURG, FL 33710, USA

2a. Mailing Address: 26 C/O S+R PROPERTY MGMT, 3129-49th ST. N., ST. PETERSBURG, FL 33710, USA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: LIBERTE MGMT OPI (DENNIS DITINNO), 10645 1ST ST E, TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent: 81 Name: S+R PROPERTY MANAGEMENT (ALLAN McLEAN), 82 Street Address: 3129-49th ST. N., 83 City: ST. PETERSBURG - FL, 84 City: ST. PETERSBURG - FL, 85 Zip Code: 33710

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: ANNA McLEAN MANAGER (S+R PROPERTY MGMT) 3/5/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JEAN RUBIN	
STREET ADDRESS	1263 84TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LARONE MURPHY	
STREET ADDRESS	1350A 85TH TERR N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATZKA, NORMAN	
STREET ADDRESS	1114-B 85TH TERR N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARBARA MCCULLOUGH	
STREET ADDRESS	1147A 84TH TERR N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SUSAN ALLEN	
STREET ADDRESS	8522C 10TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONA RICHES	
STREET ADDRESS	1310 C 85TH TERR N	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THERESA LYNCH	
1.3 STREET ADDRESS	1303-B-83RD AVE. N	
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702	
2.1 TITLE	S	<input checked="" 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	JOHN SADOWSKI	
3.3 STREET ADDRESS	7523A-10th ST.	
3.4 CITY-ST-ZIP	ST PETERSBURG - FL 33702	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEFFERY MARSHALL	
4.3 STREET ADDRESS	1145-C-93RD AVE N.	
4.4 CITY-ST-ZIP	ST. PETERSBURG - FL 33702	
5.1 TITLE	D	<input checked="" 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: [Signature] 2/12/98 813522-7368

CR2E087 (10/97)