

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744898

1. Entity Name

JAMESTOWN CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90215 003 ****61.25

Principal Place of Business

Mailing Address

C/O S & R PORPERTY MGMT
 3129 - 49TH ST NORTH
 ST PETERSBURG FL 33710
 US

8470-12ST NO
 ST PETE FL 33702-7934
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2043073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALL FLORIDA REALTY SERVICES, INC.
 11270 4TH ST. N. #216
 ST PETERSBURG FL 33716

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

[Signature] ALL FLA RLY
 Property Manager
 (NOTE: Registered Agent signature required when reinstating)

2/8/2000
 DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check-Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LYNCH, THERESA	
STREET ADDRESS	1303-B 83RD AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTIS, JOANNE	
STREET ADDRESS	8565C-12 WAY NO	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	SADOWSKI, JOHN	
STREET ADDRESS	8523-A 10 ST.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, ANN	
STREET ADDRESS	8585D-12WAY NO	
CITY-ST-ZIP	ST PETE FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUSAN ALLEN	
STREET ADDRESS	8522C 10TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	U.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA MARKS	
STREET ADDRESS	1295 D-8500NO	
CITY-ST-ZIP	ST PETE FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK KRISCO	
STREET ADDRESS	1317D-8400NO	
CITY-ST-ZIP	ST PETE FL 33702	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN RUBIN	
STREET ADDRESS	1263D-8400NO	
CITY-ST-ZIP	ST PETE FL-33702	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 927-576-0792
 Date Daytime Phone #

CR2E037 (9/99)