


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90366 024 \*\*\*\*61.25

**DOCUMENT # 744898**

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



**14004377**



Principal Place of Business  
**8470 12TH STREET NORTH**  
**SAINT PETERSBURG, FL 33702 US**

Mailing Address  
**P.O. BOX 729**  
**SAINT PETERSBURG, FL 33731-0729 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

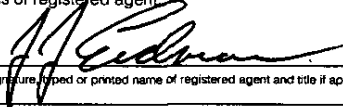
01082004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2043073</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ERDMAN PROPERTY MANAGEMENT, INC.</b> <b>405 CENTRAL AVE., STE. 111</b> <b>SAINT PETERSBURG, FL 33701</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>696 1ST AVE. N. SUITE #102</b> City <b>ST. PETE</b> FL Zip Code <b>33701</b>	

*ADDRESS CHANGE ONLY*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/12/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUART, JASON 13350 85TH TERRACE N. ST PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jason Stuart 13350 85th Terrace N. St. Petersburg, Fl. 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLDER, LORNA 8523-D 10TH STREET NORTH SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ruth Stenger 1295 85th Avenue N. # C St. Petersburg, Fl. 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSAR, RICHARD 1363 B 83RD AVE. N. ST. PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Sadowski 8523 10th St. North # A St. Petersburg, Fl 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORTIS, JOANNE 8565-C 12TH WAY NORTH SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Robert Gery 8490 13th St. N. # D St. Petersburg, Fl 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBB, JOHN 1143 A 85TH TERR N SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur Toszew 1183 85th Terrace N. # C St. Petersburg, Fl 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORCELLA, MARIE 1162-D 84TH TERRACE NORTH SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lou Sylvester 8500 13th St. N. # B St. Petersburg, Fl. 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **4-14-04** DAYTIME PHONE #: **787-577-8005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

Continued from #11

D  
Fran Clay  
8475 13<sup>th</sup> St. North #B  
St. Petersburg, Fl. 33702

change

14004377

#744898