

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744898

FILED  
Mar 09, 2011  
Secretary of State

Entity Name: JAMESTOWN CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

5901 US HIGHWAY 19  
7Q  
NEW PORT RICHEY, FL 34652 US

## Current Mailing Address:

5901 US HIGHWAY 19  
7Q  
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2043073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19, STE 7Q  
NEW PORT RICHEY, FL 34652 US

## New Mailing Address:

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19, STE 7Q  
NEW PORT RICHEY, FL 34652 US

## Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HIGHWAY 19  
7Q  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: LYNCH, THERESA  
Address: 1121B 84TH AVE  
City-St-Zip: ST PETE, FL 33702

Title: VP  
Name: HOLDER, LORNA  
Address: 1280A 85TH TERRACE  
City-St-Zip: ST PETE, FL 33702

Title: SD  
Name: JACOBS, KATHERINE  
Address: 1125A 83RD AVE  
City-St-Zip: ST PETE, FL 33702

Title: TD  
Name: BLANKENSHIP, HOWARD  
Address: 8507 12TH WAY  
City-St-Zip: ST PETE, FL 33702

Title: D  
Name: CRONK, WILLIAM  
Address: 1280A 85TH TERRACE  
City-St-Zip: ST PETE, FL 33702

Title: D  
Name: SULLIVAN, SUSAN  
Address: 1123 85TH TERRACE  
City-St-Zip: ST PETE, FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THERESA LYNCH

PD

03/09/2011

Electronic Signature of Signing Officer or Director

Date