

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745324 (4)

1. Corporation Name

JAMESTOWN OF INDIAN HARBOUR BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RS ASSOCIATION, INC.
900 JAMESTOWN AVE.
INDIAN HARBOR BEACH FL 32937

RS ASSOCIATION, INC.
900 JAMESTOWN AVE.
INDIAN HARBOR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1978
3a. Date of Last Report 06/24/1994

4. FEI Number 59-1878052
Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, JAMES M.
1825 S. RIVERVIEW DRIVE
STE 4
MELBOURNE FL 32901

81 Name

Price, Lynn R.

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

1901 Highway A1A, Suite 2

83

Suite 2

84 City

Indian Harbour Beach

FL

85 Zip Code

32937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Samuel Farrar

Samuel Farrar - President/Director 3/9/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	KISTNER, TED
STREET ADDRESS	105D E. COLONIAL CT.
CITY-ST-ZIP	INDIAN HARBOR BEACH FL
TITLE	PD
NAME	HERBERT, FLORENCE
STREET ADDRESS	105-A E.COLONIAL DR.
CITY-ST-ZIP	INDIAN HBR BCH, FL 00000
TITLE	VD
NAME	BOERSMA, KATHLEEN
STREET ADDRESS	921 N. COLONIAL COURT
CITY-ST-ZIP	INDIAN HARBOR BEACH FL
TITLE	SD
NAME	MANOGUE, WILL
STREET ADDRESS	923 NORTH COLONIAL COURT
CITY-ST-ZIP	INDIAN HARBOR BEACH FL
TITLE	T
NAME	BUCHANAN, KENNETH
STREET ADDRESS	927 N COLONIAL CT
CITY-ST-ZIP	INDIAN HBR BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kistner, Ted	
1.3 STREET ADDRESS	105D E. Colonial Ct.	
1.4 CITY-ST-ZIP	Indian Harbour Beach, FL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Farrar, Samuel	
2.3 STREET ADDRESS	918 S. Colonial Ct.	
2.4 CITY-ST-ZIP	Indian Harbour Beach, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tonnett, Florence	
3.3 STREET ADDRESS	926 S. Colonial Ct.	
3.4 CITY-ST-ZIP	Indian Harbour Beach, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Manogue, Will	
4.3 STREET ADDRESS	923 N. Colonial Ct.	
4.4 CITY-ST-ZIP	Indian Harbour Beach, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Neidlinger, Brenda	
5.3 STREET ADDRESS	909D S. Colonial Ct.	
5.4 CITY-ST-ZIP	Indian Harbour Beach, FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Samuel Farrar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel Farrar President/Director

3/9/95 407-773-0242
DATE TELEPHONE #