

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified 12/20/1978
3a. Date of Last Report 03/15/1995

2. Principal Place of Business 2a. Mailing Address
21 900 Jamestown Ave. 26 900 Jamestown Ave.
22 City & State 27 City & State
23 Indian Harbour Bch. FL 28 Indian Harbour Bch. FL
24 32937 25 Brevard 29 32937 30 Brevard

4. FEI Number 59-1878052
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent
PRICE, LYNN R.
1901 HIGHWAY A1A
SUITE 2
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD KISTNER, TED 105D E. COLONIAL CT. INDIAN HARBOR BEACH FL	1.1 TITLE	VD Frank, George O. 911-D South Colonial Ct. Indian Harbour Beach, FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD FARRAR, SAMUEL 918 S. COLONIAL CT. INDIAN HARBOUR BEACH FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD TONNETT, FLORENCE 926 S. COLONIAL CT. INDIAN HARBOUR BEACH FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD MANOGUE, WILL 923 N. COLONIAL CT. INDIAN HARBOUR BEACH FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NEIDLINGER, BRENDA 909D S. COLONIAL CT. INDIAN HARBOUR BEACH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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* March 6, 1996 407-777-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)