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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 900 JAMESTOWN AVENUE INDIAN HARBOR BEACH FL 32937 US
Mailing Address: 900 JAMESTOWN AVENUE INDIAN HARBOR BEACH FL 32937-2617 US

3. Date Incorporated or Qualified: 12/20/1978
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business: 21 900 Jamestown Ave.
2a. Mailing Address: 26 900 Jamestown Ave.

4. FEI Number: 59-1878052
Applied For: Not Applicable

Suite, Apt. #, etc.:
22 City & State: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Indian Harbour Beach, FL
28 Indian Harbour Beach, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 32937 25 Brevard 29 32937 30 Brevard

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, GEORGE O.	1.2 NAME	Gene M. Draper
STREET ADDRESS	911-D SOUTH COLONIAL COURT	1.3 STREET ADDRESS	914 North Colonial Court
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	1.4 CITY-ST-ZIP	Indian Harbour Beach, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRAR, SAMUEL	2.2 NAME	
STREET ADDRESS	918 S. COLONIAL CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONNETT, FLORENCE	3.2 NAME	Sandra Baron
STREET ADDRESS	928 S. COLONIAL CT.	3.3 STREET ADDRESS	909-B South Colonial Court
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	3.4 CITY-ST-ZIP	Indian Harbour Beach, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOQUE, WILL	4.2 NAME	
STREET ADDRESS	923 N. COLONIAL CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIDLINGER, BRENDA	5.2 NAME	Wayne Redloway
STREET ADDRESS	909D S. COLONIAL CT.	5.3 STREET ADDRESS	907-B Palm Springs Blvd.
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	5.4 CITY-ST-ZIP	Indian Harbour Beach, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, President
February 25, 1997 407-777-1425

CR2E037 (9/96)