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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745324 (4)

1. Corporation Name
JAMESTOWN OF INDIAN HARBOUR BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 900 JAMESTOWN AVE INDIAN HARBOUR BCH FL 32937 US	Mailing Address 900 JAMESTOWN AVE INDIAN HARBOUR BCH FL 32937 US
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3. Date Incorporated or Qualified 12/20/1978	
4. FEI Number 59-1878052	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 CLAYTON S MC CULLOH	
82 Street Address (P.O. Box Number is Not Acceptable) 1065 Maitland Center Commons Bldg.	
83 City Maitland	
84 State FL	85 Zip Code 32751

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: *Neel V. McCulloh* DATE: 4/1/98

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANK, GEORGE O. 911-D SOUTH COLONIAL COURT INDIAN HARBOR BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRAR, SAMUEL 918 S. COLONIAL CT. INDIAN HARBOUR BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TONNETT, FLORENCE 926 S. COLONIAL CT. INDIAN HARBOUR BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANOGUE, WILL 923 N. COLONIAL CT. INDIAN HARBOUR BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEIDLINGER, BRENDA 909D S. COLONIAL CT. INDIAN HARBOUR BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAPER, GENE M 914 N COLONIAL CT INDIAN HARBOUR BCH FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD FARRAR, SAMUEL 918 SOUTH COLONIAL CT. INDIAN HARBOUR BEACH <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP MANOGUE, WILL 923 NORTH COLONIAL COURT INDIAN HARBOUR BEACH <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD FREAS, ROSEMARY S. 923 JAMESTOWN AVENUE INDIAN HARBOUR BEACH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD BORCHERS, ROBERT J. 925 JAMESTOWN AVENUE INDIAN HARBOUR BEACH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D redoway, wayne 907-B PALM SPRINGS BLVD. INDIAN HARBOUR BEACH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 (Samuel Farrar)* (407) 778-1425

CR2E037 (10/97)