

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90029 043 \*\*\*\*61.25

**DOCUMENT # 745324**

1. Entity Name  
**JAMESTOWN OF INDIAN HARBOUR BEACH HOMEOWNERS ASS**

Principal Place of Business <b>900 JAMESTOWN AVE          INDIAN HARBOUR BCH FL 32937          US</b>	Mailing Address <b>900 JAMESTOWN AVE          INDIAN HARBOUR BCH FL 32937          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1878052</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CLAYTON, & M  
 10654 MAITLAND CENTER COMMONS BLDG  
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRAPER, GENE <input checked="" type="checkbox"/> Delete 915 NORTH COLONIAL COURT INDIAN HARBOR BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRAR, SAMUEL <input checked="" type="checkbox"/> Delete 122 EAST COLONIAL COURT INDIAN HARBOUR BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TENEyCK, VERENA <input type="checkbox"/> Delete 122 E. COLONIAL CT INDIAN HARBOUR BEACH FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORCHERS, ROBERT J <input type="checkbox"/> Delete 925 JAMESTOWN AVENUE INDIAN HARBOUR BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP11 REDOWAY, WAYNE <input checked="" type="checkbox"/> Delete 907-B PALM SPRINGS BLVD INDIAN HARBOUR BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBERT PAFUNDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 932 JAMESTOWN AVENUE INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONALD TENEyCK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 122 EAST COLONIAL COURT INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP11 TROY RUSSO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 911C SOUTH COLONIAL COURT INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Teneck* RONALD TENEyCK 2/28/2001 (321)777-1425  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)