

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90018 038 ****61.25



DOCUMENT # 745324
1. Entity Name
JAMESTOWN OF INDIAN HARBOUR BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
900 JAMESTOWN AVE 900 JAMESTOWN AVE
INDIAN HARBOUR BCH FL 32937 INDIAN HARBOUR BCH FL 32937
US US



2. Principal Place of Business - No P.O. Box # **Same as above**
3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

1st MOORE CR2E037 (10/07)

4. FEI Number **59-1878052**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**WALDRON, THOMAS D
730 E. STRAWBRIDGE AVE.
SUITE 200
MELBOURNE FL 32901**

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *[Signature]* DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE PD NAME TONNETT, FLORENCE STREET ADDRESS 926 S COLONIAL CT CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 | <input type="checkbox"/> Delete |
| TITLE S NAME MANOGUE, WILLIAM STREET ADDRESS 923 NORTH COLONIAL CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 | <input type="checkbox"/> Delete |
| TITLE P NAME TENEYCK, RONALD STREET ADDRESS 122 E. COLONIAL CT CITY-ST-ZIP INDIAN HARBOUR FL 32937 | <input type="checkbox"/> Delete |
| TITLE V NAME SCHACT, CINDI STREET ADDRESS 923A S. COLONIAL CT. CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 | <input type="checkbox"/> Delete |
| TITLE T NAME TARR, JOHN STREET ADDRESS 910 JAMESTOWN AVE. CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE P NAME Manogue, Will STREET ADDRESS 3001 Harlock Road CITY-ST-ZIP Melbourne, FL 32934 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME Gustafson, Brenda STREET ADDRESS 917 N. Colonial Ct. CITY-ST-ZIP Indian Harbour Beach, FL 32937 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE PD NAME Alice Splain STREET ADDRESS 921 N. Colonial Ct. CITY-ST-ZIP Indian Harbour Beach, FL 32937 | <input checked="" 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 exemptions contained in Section 119, 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: *John J. Tarr, Treasurer* Mar. 4, 2008 321-777-1425