

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

FILED

96 MAY 10 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 754927 (2)
1. Corporation Name
JAMESTOWN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O ABLE MANAGEMENT INC **C/O ABLE MANAGEMENT INC**
P.O. BOX 1223 **P.O. BOX 1223**
HOBE SOUND FL 33475 **HOBE SOUND FL 33475**

3. Date Incorporated or Qualified **10/30/1980** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2045821		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

PHELAN, EDWARD
7307 S.E. CONCORD PLACE
HOBE SOUND FL 33455

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	100001824-434 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITSON, WILLIAM C	1.2 NAME	-05/15/96--01008--011
STREET ADDRESS	7466 SE CONCORD PL	1.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAHAN, LUCILLE R.	2.2 NAME	
STREET ADDRESS	7363 SE CONCORD PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTSCHIEBE, PAUL	3.2 NAME	
STREET ADDRESS	7320 SE CONCORD PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARNBACH, ELIZABETH	4.2 NAME	PT BECK, MARGARET
STREET ADDRESS	7433 S.E. JAMESTOWN TR	4.3 STREET ADDRESS	7305 SE CONCORD, PL.
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	HOBE SOUND, FL
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, NEIL	5.2 NAME	
STREET ADDRESS	7365 SE JAMESTOWN TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELAN, EDWARD	6.2 NAME	
STREET ADDRESS	7307 S.E. CONCORD PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. PHELAN

5-7-96

Date

(574) 407-9323

Daytime Phone #

CR2E037 (12/95)