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Mar 17 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 # 754927 (2)
1. Corporation Name
JAMESTOWN PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business C/O ABLE MANAGEMENT INC P.O. BOX 1223 HOBE SOUND FL 33475	Mailing Address C/O ABLE MANAGEMENT INC P.O. BOX 1223 HOBE SOUND FL 33475
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3. Date Incorporated or Qualified 10/30/1980		
4. FEI Number 59-2045821	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business 7354 SE Concord Terr	22. Mailing Address Suite, Apt. #, etc.		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State Hobe Sound, FL	28. City & State		
24. Zip 33455	25. Country US	29. Zip	30. Country

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PHELAN, EDWARD 7307 S.E. CONCORD PLACE HOBE SOUND FL 33455	
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10. Name and Address of Registered Agent	
81 Name Edward Phelan	
82 Street Address (P.O. Box Number is Not Acceptable) 7307 SE Concord Pl.	
83	
84 City Hobe Sound	85 Zip Code FL 33455

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVP	NAME ZEBROWSKI, THEODORE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7362 S.E. JAMESTOWN TERR.	CITY-ST-ZIP HOBE SOUND FL	1.2 NAME	
TITLE DS	NAME MONAHAN, LUCILLE R.	1.3 STREET ADDRESS	
STREET ADDRESS 7363 SE CONCORD PL.	CITY-ST-ZIP HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE D	NAME WITTSCHIEBE, PAUL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7320 SE CONCORD PL.	CITY-ST-ZIP HOBE SOUND FL	2.2 NAME	
TITLE DT	NAME BECK, MARGARET	2.3 STREET ADDRESS	
STREET ADDRESS 7305 S3 CONCORD PLACE	CITY-ST-ZIP HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE D	NAME SLAVTCHIEFF, PETER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7382 S.E. JAMESTOWN TERR.	CITY-ST-ZIP HOBE SOUND FL	3.2 NAME	
TITLE DP	NAME PHELAN, EDWARD	3.3 STREET ADDRESS	
STREET ADDRESS 7307 S.E. CONCORD PL.	CITY-ST-ZIP HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE DT	NAME Pendergast, Thomas	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7285 S.E. Concord Pl.	CITY-ST-ZIP Hobe Sound, FL 33455	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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: *Edward Phelan* **EDWARD PHELAN** 3-9-98 561-544 9323

CR2E037 (10/97)