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Jan 22, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754927

1. Corporation Name
JAMESTOWN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 7354 SE JAMESTOWN TERRACE HOBE SOUND FL 33455 US	Mailing Address C/O ABLE MANAGEMENT INC P.O. BOX 1223 HOBE SOUND FL 33475
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/30/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2045821
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PHELON, EDWARD 7307 S.E. CONCORD PLACE HOBE SOUND FL 33455		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBROWSKI, THEODORE	1.2 NAME	
STREET ADDRESS	7362 S.E. JAMESTOWN TERR.	1.3 STREET ADDRESS	
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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDENGAST, THOMAS	4.2 NAME	
STREET ADDRESS	7285 S.E. CONCORD PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVTCHIEFF, PETER	5.2 NAME	
STREET ADDRESS	7382 S.E. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (11/98)