

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90106 038 ****61.25

DOCUMENT # 754927

1. Entity Name

JAMESTOWN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7354 SE JAMESTOWN TERRACE
 HOBE SOUND FL 33455
 US

C/O ABLE MANAGEMENT INC
 P.O. BOX 1223
 HOBE SOUND FL 33475-1223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2045821

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DVP ZEBROWSKI, THEODORE**
 STREET ADDRESS **7362 S.E. JAMESTOWN TERR.**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Change Addition
 NAME **D DIANRATY ROBERT**
 STREET ADDRESS **7390 SE JAMESTOWN TERR**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Delete
 NAME **DS MONAHAN, LUCILLE R.**
 STREET ADDRESS **7363 SE CONCORD PL**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Change Addition
 NAME **DS TRIBBETT, LUCILLER.**
 STREET ADDRESS **7363 SE CONCORD PL**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Delete
 NAME **D WITTSCHIEBE, PAUL**
 STREET ADDRESS **7320 SE CONCORD PL**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT PENDENGAST, THOMAS**
 STREET ADDRESS **7285 S.E. CONCORD PLACE**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SLAVTCHEFF, PETER**
 STREET ADDRESS **7382 S.E. JAMESTOWN TERR.**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP PHELAN, EDWARD**
 STREET ADDRESS **7307 S.E. CONCORD PL.**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 1-25-2000



DO NOT WRITE IN THIS SPACE