

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 04, 2008  
Secretary of State**

DOCUMENT# N03000005556

**Entity Name:** JAMESTOWN SQUARE AT LAKERIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1129 N. VICTORIA PARK RD.  
FT LAUDERDLAE, FL 33304 US

**New Principal Place of Business:**

1129 N. VICTORIA PARK RD.  
FT LAUDERDALE, FL 33304 US

**Current Mailing Address:**

1129 N. VICTORIA PARK RD  
FT LAUDERDLAE, FL 33304 US

**New Mailing Address:**

P.O. BOX 7442  
FT LAUDERDALE, FL 33338 US

**FEI Number:** 56-2569766      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALLY A. BREMILLER, P.A.  
400 SE 12TH STREET  
BLDG. C  
FT LAUDERDLAE, FL 33306 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KUPIER, PATRICK  
Address: 1137 N. VICTORIA PARK RD.  
City-St-Zip: FT LAUDERDLAE, FL 33304 US

Title: VP ( ) Delete  
Name: PARZYGNAT, LINDA  
Address: 1129 N. VICTORIA PARK RD  
City-St-Zip: FT LAUDERDLAE, FL 33304 US

Title: T ( ) Delete  
Name: GARIPOLI, LEE  
Address: 1744 NE 12TH STREET  
City-St-Zip: FT LAUDERDLAE, FL 33304 US

Title: S ( ) Delete  
Name: MANGOUTA, MARIE  
Address: 1756 NE 12TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA PARZYGNAT

VP

02/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date