
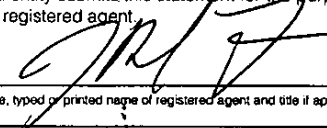



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000003			
1. Entity Name JAMESON CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573		Mailing Address 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business C/O Sterling Management Services 1701-B Rickenbacker Drive Sun City Center, FL 33573		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		4. FEI Number 54-2144919	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINOS, VIVIAN N 24301 WALDEN CENTER DRIVE STE 300 BONITA SPRINGS, FL 34434		7. Name and Address of New Registered Agent Name JAMES R. DEFURIO, ESQ Street Address (or P.O. Box Number if Not Acceptable) 201 E. Kennedy Blvd. Ste. 1460 City TAMPA, FL. FL 33672-0117	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		James R. DEFURIO (NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEYER, R.C. JR 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GERALD MCQUINN 1132 JAMESON GREENS DRIVE SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VODDE, JAMES E 1111 JAMESON GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KEITH, SYLVIA 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JAMES NUTT 1144 JAMESON GREENS DRIVE SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CARL MEINHARDUS 1130 JAMESON GREENS DRIVE SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL STARR 1149 JAMESON GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		James E. VODGE 12/15/05 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		727-417-4549 Daytime Phone #	