

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 012 ****61.25

DOCUMENT # N04000000003			
1. Entity Name JAMESON CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O STERLING MANAGEMENT SERVICES 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		Mailing Address C/O STERLING MANAGEMENT SERVICES 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573	
2. Principal Office Sterling Management Suite 1904 Clubhouse Drive City Sun City Center, FL 33573 Zip _____		3. Registered Agent Name _____ Street _____ City _____ State _____ Zip _____	
4. FEI Number 54-2144919		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEFURIO, JAMES R ESQ. 201 E. KENNEDY BLVD., SUITE 1460 TAMPA, FL 33672-0717		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE V NAME MCQUILLING, GERALD STREET ADDRESS 1132 JAMESON GREENS DRIVE CITY - ST - ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HORSTMANN, GLENN STREET ADDRESS 1112 JAMESON GREENS DR CITY - ST - ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GLOVER, CAROL STREET ADDRESS 1122 JAMESON GREENS DR. CITY - ST - ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MEINARDUS, CARL STREET ADDRESS 1144 JAMESON GREENS DRIVE CITY - ST - ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME VODDE, JIM STREET ADDRESS 1111 JAMESON GREENS DR. CITY - ST - ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____ <input type="checkbox"/> Change <input 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 exemptions contained 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 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:		3/10/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	