

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001255

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: JAMESON PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

**Current Mailing Address:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 US

**New Mailing Address:**

FEI Number: 20-5683417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIZZETTA & COMPANY, INC.  
5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 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: WILLIAMS, KEITH  
Address: 100 RIALTO PLACE, SUITE 815  
City-St-Zip: MELBOURNE, FL 32901 US

Title: VP ( ) Delete  
Name: DAVIDSON, BRIAN  
Address: 100 RIALTO PLACE, SUITE 815  
City-St-Zip: MELBOURNE, FL 32901 US

Title: ST ( ) Delete  
Name: PARSONS, NIQUELEEN  
Address: 100 RIALTO PLACE, SUITE 815  
City-St-Zip: MELBOURNE, FL 32901 US

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

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

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

Title: D (X) Change ( ) Addition  
Name: KEEN, JUSTIN  
Address: P.O. BOX 561552  
City-St-Zip: ROCKLEDGE, FL 329561552 US

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: KEITH WILLIAMS

P

04/09/2009

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

\_\_\_\_\_  
Date