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FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40010 (3)  
1. Corporation Name  
JAMESTOWN RESIDENTS' ASSOCIATION, INC.



Principal Place of Business: 725 JAMESTOWN LN, NAPLES FL 33963, US  
Mailing Address: PO BOX 7635, NAPLES FL 34101-7635, US

3. Date Incorporated or Qualified: 09/19/1990  
3a. Date of Last Report: 04/22/1996  
4. FEI Number: 65-0222696  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
PASSIDOMO, KATHLEEN C.  
800 LAUREL OAK DRIVE  
SUITE 400  
NAPLES FL 33963

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4-8-97

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DP                  | <input type="checkbox"/> DELETE            |
| NAME           | PIPER, H.G.         |  |
| STREET ADDRESS | 725 JAMESTOWN LANE  |  |
| CITY-ST-ZIP    | NAPLES FL           |  |
| TITLE          | DST                 | <input type="checkbox"/> DELETE            |
| NAME           | BLUMBERG, DONALD D. |  |
| STREET ADDRESS | 701 JAMESTOWN LN    |  |
| CITY-ST-ZIP    | NAPLES FL           |  |
| TITLE          | DVP                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | GRABNER, ROBERT H.  |  |
| STREET ADDRESS | 839 NOTTINGHAM LANE |  |
| CITY-ST-ZIP    | NAPLES FL           |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | VP D   |
| 3.3 STREET ADDRESS | STANLEY SENGKOR  |
| 3.4 CITY-ST-ZIP    | 709 JAMES TOWN LANE<br>NAPLES FL   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)