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Secretary of State

05-15-1999 90014 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

Principal Place of Business Mailing Address

2. Principal Place of Business 21 725 JAMESTOWN LN Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 9709 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/19/1990
22 City & State 23 NAPLES, FL	27 City & State 28 NAPLES FL	4. FEI Number 65-0222696 Applied For Not Applicable
24 34108 25 USA	29 34101 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name PASSIDOMO, KATHLEEN C.
82 Street Address (P.O. Box Number is Not Acceptable) 800 LAUREL OAK DRIVE
83 SUITE 400
84 City NAPLES, FL
85 Zip Code FL 34108

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	P
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	BLUMBERG, DONALD
		1.3 STREET ADDRESS	701 JAMESTOWN LN
		1.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	VP
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	PIPER, HENRY
		2.3 STREET ADDRESS	725 JAMESTOWN LN
		2.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	HOLTZ, MILDRED
		3.3 STREET ADDRESS	677 JAMESTOWN LN
		3.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	T
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	KIPTYK, JOHN
		4.3 STREET ADDRESS	741 JAMESTOWN LN
		4.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Kiptyk** **4-26-99** **941-597-8070**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)