

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40010

FILED
Apr 25, 2005
Secretary of State

Entity Name: JAMESTOWN RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

725 JAMESTOWN LN
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9709
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0222696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUCHER, ROGER
10823 TAMiami TRAIL
H
NAPLES, FL 34108 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: VPD () Delete
Name: PIPER, ELKE
Address: 725 JAMESTOWN LANE
City-St-Zip: NAPLES, FL 34108

Title: DST () Delete
Name: BLUMBERG, DONALD D
Address: 701 JAMESTOWN LN
City-St-Zip: NAPLES, FL 34108

Title: DP () Delete
Name: DEMARA, PATRICIA
Address: 709 JAMESTOWN LANE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: DIX, STEVEN
Address: 12559 CONWAY RD
City-St-Zip: SAINT LOUIS, MO 63141

Title: STD (X) Change () Addition
Name: DROBIS, DAVID
Address: 685 JAMESTOWN LN
City-St-Zip: NAPLES, FL 34108

Title: PD (X) Change () Addition
Name: DEMARA, PATRICIA
Address: 709 JAMESTOWN LANE
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA DEMARA

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date