

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40010

FILED  
Apr 27, 2006  
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: DIX, STEVEN  
Address: 12559 CONWAY RD  
City-St-Zip: SAINT LOUIS, MO 63141

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

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

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

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

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

Title: TD (X) Change ( ) Addition  
Name: KIPTYK, SHARON  
Address: 741 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 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: DAVID DROBIS

PD

04/27/2006

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

\_\_\_\_\_  
Date