

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736521

**Entity Name:** JAMESTOWN VILLAGE - UNIT ONE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**6559037619CC**

**Current Principal Place of Business:**

610 N WYMORE ROAD  
SUITE 200  
MAITLAND, FL 32751-4239

**Current Mailing Address:**

610 N WYMORE ROAD  
SUITE 200  
MAITLAND, FL 32751-4239 US

**FEI Number: 59-1698478**

**Certificate of Status Desired: No**

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

SOUTHWEST PROPERTY MANAGEMENT OF CENTRAL FLORIDA INC.  
610 N WYMORE ROAD  
SUITE 200  
MAITLAND, FL 32751-4239 US

*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: ELENA HENLEY**

**04/25/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, VP  
Name SIKES, AMANDA  
Address 610 N WYMORE ROAD  
SUITE 200  
City-State-Zip: MAITLAND FL 32751-4239

Title SECRETARY  
Name MARTIN, PAT  
Address 610 N WYMORE ROAD  
SUITE 200  
City-State-Zip: MAITLAND FL 32751-4239

Title TREASURER  
Name ANDERSON, MARYANNE  
Address 610 N WYMORE ROAD  
SUITE 200  
City-State-Zip: MAITLAND FL 32751-4239

Title D, P  
Name CONWAY, ASHLEY  
Address 610 N WYMORE ROAD  
SUITE 200  
City-State-Zip: MAITLAND FL 32751-4239

Title DIRECTOR  
Name BOCK, DANIELLE  
Address 610 N WYMORE ROAD  
SUITE 200  
City-State-Zip: MAITLAND FL 32751-4239

*I hereby 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 all other like empowered.*

**SIGNATURE: ASHLEY CONWAY**

**PRESIDENT**

**04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date