

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736521

**FILED  
Apr 02, 2019  
Secretary of State  
7300884381CC**

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

**Current Principal Place of Business:**

2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703

**Current Mailing Address:**

2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703 US

**FEI Number:** 59-1698478

**Certificate of Status Desired:** No

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

KANAGA, MERIDYTHE  
2755 BORDER LAKE ROAD  
SUITE 101  
APOPKA, FL 32703 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:** MERIDYTHE KANAGA

04/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT, DIRECTOR  
Name           HOLCOMB, MARGARET  
Address        2755 BORDER LAKE ROAD  
                  SUITE 101  
City-State-Zip: APOPKA FL 32703

Title           DIRECTOR  
Name           WOOD, SERENA  
Address        2755 BORDER LAKE ROAD  
                  SUITE 101  
City-State-Zip: APOPKA FL 32703

Title           SECRETARY, TREASURER,  
                  DIRECTOR  
Name           LOWERY, KATHLEEN  
Address        2755 BORDER LAKE ROAD  
                  SUITE 101  
City-State-Zip: APOPKA FL 32703

Title           DIRECTOR  
Name           ANDERSON, MARYANNE  
Address        2755 BORDER LAKE ROAD  
                  SUITE 101  
City-State-Zip: APOPKA FL 32703

Title           D, VP  
Name           SIKES, AMANDA  
Address        2755 BORDER LAKE ROAD  
                  SUITE 101  
City-State-Zip: APOPKA FL 32703

*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:** KATHLEEN LOWERY

**SECRETARY/TREASURER** 04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date