

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736521

FILED
Mar 27, 2018
Secretary of State
CC0481853339

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

03/27/2018

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 VP, 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 RICHARDS, GALE
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 DIRECTOR
Name LEUVEN, ALICIA
Address 2755 BORDER LAKE ROAD
 SUITE 101
City-State-Zip: APOPKA FL 32703

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

Title DIRECTOR
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 03/27/2018

Electronic Signature of Signing Officer/Director Detail

Date