

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744898

FILED
Mar 19, 2013
Secretary of State
CC5683399341

Entity Name: JAMESTOWN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19 SUITE 7Q
NEW PORT RICHEY, FL 34652

Current Mailing Address:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19 SUITE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2043073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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: MARY A. WHITE

03/19/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LYNCH, THERESA
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title VICE PRESIDENT
Name HOLDER, LORNA
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY/TREASURER
Name JACOBS, KATHLEEN
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name CRONK, WILLIAM
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name SULLIVAN, SUSAN
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name ALPEL, DAVID
Address QUALIFIED PROPERTY
 MANAGEMENT, INC
 5901 US HWY 19 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

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: THERESA LYNCH

PRESIDENT

03/19/2013

Electronic Signature of Signing Officer/Director Detail

Date