

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745324

**Entity Name:** JAMESTOWN OF INDIAN HARBOUR BEACH HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 27, 2017**  
**Secretary of State**  
**CC0794958983**

**Current Principal Place of Business:**

900 JAMESTOWN AVE  
INDIAN HARBOUR BCH, FL 32937

**Current Mailing Address:**

1331 BEDFORD DRIVE  
SUITE 103  
MELBOURNE, FL 32940 US

**FEI Number: 59-1878052**

**Certificate of Status Desired: No**

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

KENNEY, JAMES  
1331 BEDFORD DRIVE  
SUITE 103  
MELBOURNE, FL 32940 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FRITZ, STEVE  
Address 1331 BEDFORD DRIVE  
SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title TREASURER  
Name ELKO, MIKE  
Address 1331 BEDFORD DRIVE  
SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY  
Name FREY, JAMES  
Address 1331 BEDFORD DRIVE  
SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name EMERICK, DAN  
Address 1331 BEDFORD DRIVE  
SUITE 103  
City-State-Zip: MELBOURNE FL 32940

Title AGENT  
Name KENNEY, JAMES  
Address 1331 BEDFORD DRIVE  
SUITE 103  
City-State-Zip: MELBOURNE FL 32940

*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: JAMES KENNEY**

**AGENT**

**02/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date