

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707577 (3)

1. Corporation Name  
JEFFERSON PARK, INC., A CONDOMINIUM



Principal Place of Business: 1498 JEFFERSON AVE MIAMI BEACH FL 33139-3856  
Mailing Address: 1498 JEFFERSON AVE MIAMI BEACH FL 33139-3885

3. Date Incorporated or Qualified: 07/13/1964  
3a. Date of Last Report: 07/16/1996

2. Principal Place of Business: 21 P.O. Box 189013  
2a. Mailing Address: 26 P.O. Box 189013

4. FEI Number: 59-1104478  
Applied For: Not Applicable

22 Suite, Apt. #, etc.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23 City & State: 23 Plantation, FL  
27 City & State: 27 Plantation, FL

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

24 Zip: 33318 Country: USA  
25 Country: USA  
29 Zip: 33318 Country: USA  
30 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROP. MGMT  
6289 W. SUNRISE BLVD  
#202  
SUNRISE FL 33313

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Blvd  
83 Suite 150-C  
84 City: Plantation FL 85 Zip Code: 33318

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 2/7/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOON, PAULA	
STREET ADDRESS	1498 JEFFERSON AVE., 207	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANTANA, MARIA	
STREET ADDRESS	1498 JEFFERSON AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, BERTHA	
STREET ADDRESS	1498 JEFFERSON AVE., #208	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARENA, CAROLYN	
STREET ADDRESS	1498 JEFFERSON AVE., #203	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BORSKY, JAY	
STREET ADDRESS	1498 JEFFERSON AVE APT 508-A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

1-9-97 305-534-0507