


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
P.O. BOX 189013 1498 JEFFERSON AVE PLANTATION FL 33318 US		P.O. BOX 189013 1498 JEFFERSON AVE PLANTATION FL 33318 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	07/13/1964	
4. FEI Number	59-1104478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SUMMIT PROP. MGMT
4450 W. SUNRISE BLVD
STE. 100-C
PLANTATION FL 33318**

10. Name and Address of New Registered Agent

81 Name	JEFFERSON PARK CONDO ASSOC.		
82 Street Address (P.O. Box Number is Not Acceptable)	C/O - GALIANO MANAGEMENT SERV.		
83 P.O. Box	453436		
84 City	MIAMI	85 State	FL
		86 Zip Code	33245-34

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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	Y <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOON, PAULA	1.2 NAME	JAMES KELLEY
STREET ADDRESS	1498 JEFFERSON AVE., 207	1.3 STREET ADDRESS	1498 JEFFERSON AVE, 605-A
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, MARIA	2.2 NAME	
STREET ADDRESS	1498 JEFFERSON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, BERTHA	3.2 NAME	
STREET ADDRESS	1498 JEFFERSON AVE., #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENA, CAROLYN	4.2 NAME	
STREET ADDRESS	1498 JEFFERSON AVE., #203	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSKY, JAY	5.2 NAME	
STREET ADDRESS	1498 JEFFERSON AVE APT 508-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Bertha Bernstein* Treasurer 3/27/98 305-854-2138

CR2E037 (10/97)