

**FIRE NOW: FILING FEE IS \$61.25**

**FILED**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

00 MAR -8 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 731546**

1. Corporation Name  
**Jefferson Gardens Condominium Association, Inc.**

**W-3969**

Principal Place of Business

**1740 Jefferson Avenue  
Miami Beach, FL 33139**

Mailing Address

**40 Regatta Real Estate  
628 Sixth Street  
Miami Beach, FL 33139**

**REINSTATEMENT**

**76.00**

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

4. FEI Number

**59-1687396**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**TIM VODA**

82 Street Address (P.O. Box Number is Not Acceptable)

**628 SIXTH STREET**

83

84 City

**Miami Beach**

FL

85 Zip Code

**33139**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE                           | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|------|----------------|-------------|
| <input type="checkbox"/> DELETE |      |                |             |
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| <input type="checkbox"/> DELETE |      |                |             |

| 1.1 TITLE                       | 1.2 NAME                          | 1.3 STREET ADDRESS     | 1.4 CITY-ST-ZIP                  |
|---------------------------------|-----------------------------------|------------------------|----------------------------------|
| <b>DP</b>                       | <b>Director/President</b>         | <b>Toby Rand</b>       | <b>1740 Jefferson Avenue #10</b> |
| <b>DP</b>                       | <b>Director/Vice President</b>    | <b>Miriam Segal</b>    | <b>1740 Jefferson Avenue #4</b>  |
| <b>DST</b>                      | <b>Director/Secretary/Treas.</b>  | <b>ELVIRA LOPEZ</b>    | <b>1740 Jefferson Avenue #3</b>  |
| <b>DP</b>                       | <b>Assistant Treasurer</b>        | <b>Tim Voda</b>        | <b>628 Sixth Street</b>          |
| <input type="checkbox"/> Change | <input type="checkbox"/> Addition |                        |                                  |
| <b>DP</b>                       | <b>Director/President</b>         | <b>300003172829--9</b> | <b>-03/16/00--01069--019</b>     |
| <b>DP</b>                       | <b>Director/Vice President</b>    | <b>300003172829--9</b> | <b>-03/16/00--01069--020</b>     |
| <b>DP</b>                       | <b>Director/Secretary/Treas.</b>  | <b>300003172829--9</b> | <b>-03/16/00--01069--020</b>     |
| <b>DP</b>                       | <b>Assistant Treasurer</b>        | <b>300003172829--9</b> | <b>-03/16/00--01069--020</b>     |

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, with all other like empowered.

**SIGNATURE:** **Tim Voda** **1/19/2000** **(305) 673 1940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)