


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90043 012 ****61.25

DOCUMENT # 731546 1. Entity Name JEFFERSON GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1740 JEFFERSON AVENUE UNIT #9 MIAMI BEACH, FL 33139			Mailing Address 1740 JEFFERSON AVENUE UNIT #9 MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1687396	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARBUSCIO, LEANDRO 5825 COLLINS AVENUE 14E MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VITALI, RAFAEL		NAME		
STREET ADDRESS	1740 JEFFERSON AVENUE #5		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEGAL, MIRIAM		NAME		
STREET ADDRESS	1740 JEFFERSON AVENUE #4		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, ELVIRA		NAME		
STREET ADDRESS	1740 JEFFERSON AVENUE #3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBUSCIO, LEANDRO		NAME		
STREET ADDRESS	5825 COLLINS AVENUE, #14E		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Miriam Segal</i>			Date: 2/20/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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305-535-7095