

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 APR 26 AM 7:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morburn Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 740294 (4)**

1. Corporation Name  
**THE JEFFERSON CONDOMINIUM CORAL SPRINGS ASSOCIATION, INC.**

Principal Place of Business <b>8821 N.W. 38TH DRIVE CORAL SPRINGS FL 33065</b>	Mailing Address <b>8821 N.W. 38TH DRIVE CORAL SPRINGS FL 33065</b>
---	---

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/30/1977</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-1803683</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHIARELLO, THOMAS  
8821 NW 28  
301  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

B1 Name <b>NANCY N. NOLAN</b>
B2 Street Address (P.O. Box Number is Not Acceptable) <b>8801 NW 38 DRIVE, APT 304</b>
B3
B4 City <b>CORAL SPRINGS</b>
B5 Zip Code <b>FL 33065</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/18/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>EDWARDS, BILL</b>
STREET ADDRESS	<b>8801 NW 38TH DR B305</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>VD</b>
NAME	<b>SCHENCK, LOIS</b>
STREET ADDRESS	<b>8821 NW 38 DR S205</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>PD</b>
NAME	<b>CHIARELLO, THOMAS</b>
STREET ADDRESS	<b>8821 NW 38 DR 301</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>MURPHY, PAUL</b>
STREET ADDRESS	<b>8801 NW 38TH DR #308</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>SD</b>
NAME	<b>ENNIS, RUTH</b>
STREET ADDRESS	<b>8821 NW 38TH DR, #102</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>RYDBERG, TED</b>
STREET ADDRESS	<b>8801 NW 38TH DR. #108</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>NANCY N. NOLAN</b>
3.3 STREET ADDRESS	<b>8801 NW 38 DR 304</b>
3.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MARGARET KASTELIC</b>
4.3 STREET ADDRESS	<b>8821 NW 38 DR 105</b>
4.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
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	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>LAWRENCE A. FLEBOTTE</b>
6.3 STREET ADDRESS	<b>8821 NW 38 DR 103</b>
6.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 10.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4/12/95** **305-753-9650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Optional Form 1)