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Apr 10 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 # 740294 (4)

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



Principal Place of Business Mailing Address
8821 N.W. 38TH DRIVE CORAL SPRINGS FL 33065
8821 N.W. 38TH DRIVE CORAL SPRINGS FL 33065-4378

3. Date Incorporated or Qualified 09/30/1977
3a. Date of Last Report 04/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1803683	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	29. Zip		
25. Country	30. Country		

8. Name and Address of Current Registered Agent NANCY N NOLAN 8801 NW 38TH DR APT 304 301 CORAL GABLES FL 33065	10. Name and Address of New Registered Agent 81 Name LAWRENCE A. FLEBOTTE 82 Street Address (P.O. Box Number is Not Acceptable) 8821 NW 38TH DRIVE APT 103 83 84 City CORAL SPRINGS FL 85 Zip Code 33065
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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 *Lawrence A. Flebotte* LAWRENCE A. FLEBOTTE, PRESIDENT
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	TD EDWARDS, BILL 8801 NW 38TH DR B305 CORAL SPRINGS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SCHENCK, LOIS 8821 NW 38 DR S205 CORAL SPRINGS FL	2.1 TITLE	SECRETARY/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SCHENCK, LOIS
STREET ADDRESS		2.3 STREET ADDRESS	8821 NW 38 DR #205
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	PD NOLAN, NANCY N 8801 NW 38TH SR 304 CORAL SPRINGS FL	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VAROLE, BANDRA
STREET ADDRESS		3.3 STREET ADDRESS	8801 NW 38 DR #105
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D KASTELIC, MARGARET 8821 NW 38TH DR 105 CORAL SPRINGS FL	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SABEU, ANICK
STREET ADDRESS		4.3 STREET ADDRESS	8801 NW 38 DR #201
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	SD ENNIS, RUTH 8821 NW 38TH DR, #102 CORAL SPRINGS FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD FLEBOTTE 8821 NW 38TH DR 103 CORAL SPRINGS FL	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	FLEBOTTE, LAWRENCE A.
STREET ADDRESS		6.3 STREET ADDRESS	8821 NW 38 DR #103
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CORAL SPRINGS FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William B. Edwards, Treas*
APR 7 1997 954-753-8650

CR2E037 (9/96)