

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90041 001 \*\*\*\*61.25

**DOCUMENT # 740294**  
 1. Entity Name  
**THE JEFFERSON CONDOMINIUM CORAL SPRINGS ASSOCIAT  
 ION, INC.**

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

2. Principal Place of Business      3. Mailing Address  
**9365 W. SAMPLE ROAD**      **9365 W. SAMPLE ROAD**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 203**      **# 203**

City & State      City & State  
**CORAL SPRINGS, FL**      **CORAL SPRINGS, FL**

Zip      Country      Zip      Country  
**33065**      **USA**      **33065**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-1803683**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RUBIALES, GINA~~  
~~8821 NW 38TH DR~~  
~~#102-A~~  
~~CORAL SPRINGS FL 33065~~

Name: **Anne Saathoff**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9365 W Sample Rd #203**  
 City: **Coral Springs**      FL      Zip Code: **33065**

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.

SIGNATURE:      DATE: **3/13/02**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees      **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAROLI, SANDRA 8801 NW 38TH DR B305 COARL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLLO, THOMAS 8801 NW 38TH DR # 103-B COARL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORMILE, JOSEPHINE 8801 NW 38TH DR. B206 CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIALES, GINA 8821 NW 38TH DR # 102-A CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLICASTRO, LISA 8821 NW 38TH DR # 204-A CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, NANCY 9365 W. SAMPLE ROAD # 203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIARELLO, TOM 9365 W. SAMPLE ROAD # 203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLICASTRO, LISA 9365 W. SAMPLE ROAD # 203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORMILE, JOSEPHINE 9365 W. SAMPLE ROAD # 203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER, TODD 9365 W. SAMPLE ROAD # 203 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:      DATE: **3-14-02 (954)**      DIALING PHONE #: **342-5150**

CR2E037 (9/01)