

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90052 015 ****61.25

DOCUMENT # 740294

1. Entity Name

**THE JEFFERSON CONDOMINIUM CORAL SPRINGS
ASSOCIATION, INC.**



Principal Place of Business

9365 W SAMPLE ROAD
#203
CORAL SPRINGS FL 33065
US

Mailing Address

PO BOX 8506
#203
POMPANO BEACH FL 33075
US

94026886



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O CONDO MANAGEMENT ALTERNATIVE
Suite, Apt. #, etc.
P.O. Box 8506

City & State

CORAL SPRINGS, FL

Zip

33075

Country

USA

4. FEI Number

59-1803683

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAATHOFF, ANNE
9365 W SAMPLE ROAD
#203
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	NOLAN, NANCY	PO BOX 8506	CORAL GABLES FL 33075	<input checked="" type="checkbox"/>
VD	CHIARELLO, TOM	PO BOX 8506	CORAL GABLES FL 33075	<input checked="" type="checkbox"/>
TD	FISHER, JARED	PO BOX 8506	CORAL GABLES FL 33075	<input checked="" type="checkbox"/>
SD	POLICASTRO, LISA	PO BOX 8506	CORAL GABLES FL 33075	<input checked="" type="checkbox"/>
D	EDWARDS, WILLIAM	PO BOX 8506	CORAL GABLES FL 33075	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	FISHER, JARED	P.O. Box 8506	CORAL SPRINGS, FL 33075	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	CHIARELLO, TOM	P.O. Box 8506	CORAL SPRINGS, FL 33075	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	POLICASTRO, LISA	P.O. Box 8506	CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TD	FRANKEL, SHARRI	P.O. Box 8506	CORAL SPRINGS, FL 33075	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	EDWARDS, WILLIAM	P.O. Box 8506	CORAL SPRINGS, FL 33075	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Lisa Policastro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-752-4796