


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90157 030 ****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 C/O CONDO MANAGEMENT ALTERNATIVE P.O. BOX 8506 CORAL SPRINGS, FL 33075 US		
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 59-1803683	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAATHOFF, ANNE 9365 W SAMPLE ROAD #203 CORAL SPRINGS, FL 33065			Name CONDO MANAGEMENT ALTERNATIVE		
			Street Address (P.O. Box Number is Not Acceptable)		
			9365 W. SAMPLE ROAD # 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Ronald Saathoff RONALD SAATHOFF</u> 2/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKEL, SHARRI		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIARELLO, TOM		NAME	CONCHA, RICARDO	
STREET ADDRESS	PO BOX 8506		STREET ADDRESS	PO BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JARED		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLICASTEO, LISA		NAME	POLICASTRO, LISA	
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SRINGS, FL 33075		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, WILLIAM		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		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: <u>[Signature]</u>					954-752-4796 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date