


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90041 024 ****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	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDO MANAGEMENT ALTERNATIVE 9365 W SAMPLE ROAD #203 CORAL SPRINGS, FL 33065			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONCHA, RICARDO		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
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	POLICASTRO, LISA		NAME		
STREET ADDRESS	PO BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
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 exemptions contained in Chapter 119, 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>Lisa Policastro</u>			Date: _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small> 954-752-4796		