


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-25-2007 90039 050 ****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 - No P.O. Box # 8801 - 8821 NW 38 DR	
3. Mailing Address Suite, Apt. #, etc. P.O. BOX 9796		4. FEI Number 59-1803683	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONDO MANAGEMENT ALTERNATIVE PATRICIA RYAN 9365 W SAMPLE ROAD #203 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent PATRICIA RYAN 8801 NW 38 DR CORAL SPRINGS, FL 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: <i>Patricia Ryan</i>		DATE: 1-22-07	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	TD FRANKEL, SHARRI PO BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PATRICIA RYAN PO BOX 9796 8801 NW 38TH DR #303B CORAL SPRING, FL 33075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONCHA, RICARDO PO BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS J CHIARELLO PO BOX 9796 8801 NW 38TH DR #301A CORAL SPRINGS FL 33075 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FISHER, JARED PO BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VANLY N. NOLAN 8801 NW 38TH DR APT 304B CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POLICASTRO, LISA PO BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LISA ROLLAN 8801 NW 38TH DR # A304 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, WILLIAM PO BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: *Patricia Ryan*

(954) 346-5784