


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90001 024 ****61.25

DOCUMENT # 740294

1. Entity Name
THE JEFFERSON CONDOMINIUM CORAL SPRINGS ASSOCIATION, INC.



Principal Place of Business
**8801-8821 NW 38 DR
 CORAL SPRINGS, FL 33065 US**

Mailing Address
~~C/O CONDO MANAGEMENT ALTERNATIVE~~
**P.O. BOX 9796
 CORAL SPRINGS, FL 33075 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 9796
 Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State
CORAL SPRINGS, FL

4. FEI Number
59-1803683

Applied For
 Not Applicable

Zip Country
33075 US

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

6. Name and Address of Current Registered Agent

**RYAN, PATRICIA
 8801 NW 38TH DR
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	TD RYAN, PATRICIA 8801 NW 38TH DR#303B CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIARELLO, THOMAS J 5821 NW 38TH DR #301A CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLAN, NANCY N 8801 NW 38TH DR APT 304B CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROLLAN, LISA 8801 NW 38TH DR #A204 CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ZIP 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	8801 NW 38TH DR #301A CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ZIP 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SD THOMAS SCIRE 8801 NW 38TH DR #101B 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 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