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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90175 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744948

1. Corporation Name

JEFFERSON CLUB CONDOMINIUM ASSOCIATION, INC.

5 2 1 0 4 5
521045 - 90175 - 13

Principal Place of Business
500 N JEFFERSON - H2
SARASOTA FL 34237-5144

Mailing Address
500 N JEFFERSON - H2
SARASOTA FL 34237-5144



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/15/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2054118	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FARR, CAROL A. 500 N JEFFERSON H2 SARASOTA, FL. FL 34237				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SHelly Brown D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOCKLEY, SCOTT	1.2 NAME	500 N JEFFERSON
STREET ADDRESS	500 N JEFFERSON	1.3 STREET ADDRESS	SARASOTA, FL 34237
CITY-ST-ZIP	SARASOTA FL 34237	1.4 CITY-ST-ZIP	
TITLE	P/T <input type="checkbox"/> DELETE	2.1 TITLE	Jonathon Curtis D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARR, CAROL	2.2 NAME	500 N JEFFERSON
STREET ADDRESS	500 N. JEFFERSON H-2	2.3 STREET ADDRESS	SARASOTA, FL 34237
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	OLDT, PHYLLIS	3.2 NAME	
STREET ADDRESS	500 N. JEFFERSON	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	BOURN, BARBARA	4.2 NAME	
STREET ADDRESS	500 N. JEFFERSON	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/20/99 DAYTIME PHONE: 941-366-8862

CR2E037 (1/198)