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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759077 (1)
1. Corporation Name
JEFFERSON PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 630 S ORANGE AVE, SUITE 102, SARASOTA FL 34236 US
Mailing Address: 630 S ORANGE AVE, STE 102, SARASOTA FL 34236-7504 US

3. Date Incorporated or Qualified: 07/09/1981
3a. Date of Last Report: 04/06/1996

2. Principal Place of Business: 21 P.O. Box 25065, Suite, Apt. #, etc.
22 City & State: SARASOTA FL
23 Zip: 34277, Country: US
24 34277 25
2a. Mailing Address: 26 P.O. Box 25065, Suite, Apt. #, etc.
27 City & State: SARASOTA, FL
28 Zip: 34277, Country: US
29 34277 30
4. FEI Number: 59-2265459
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CONDO KEEPERS INC.
630 S ORANGE AVE
STE 102
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name: ARGUS PROPERTY MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2100 CONSTITUTION BLVD.
83
84 City: SARASOTA FL 85 Zip Code: 34231

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: [Signature] DATE: 4-20-97

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, JEAN	
STREET ADDRESS	737 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, SANDRA	
STREET ADDRESS	749 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORDHAM, WINIFRED	
STREET ADDRESS	609 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, MIKE	
STREET ADDRESS	769 N. JEFFERSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARROLL, EVELYN	
1.3 STREET ADDRESS	739 N. JEFFERSON AVE	
1.4 CITY-ST-ZIP	SARASOTA, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)