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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 759077

1. Corporation Name

JEFFERSON PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

P O BOX 25065
SARASOTA FL 34277
US

Mailing Address

P O BOX 25065
SARASOTA FL 34277
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/09/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2265459

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARGUS PROPERTY MANAGEMENT INC
2100 CONSTITUTION BLVD
SARASOTA FL 34231

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARROLL, EVELYN	
STREET ADDRESS	739 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MILLER, SANDRA	
STREET ADDRESS	749 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORDHAM, WINIFRED	
STREET ADDRESS	609 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JANE HOYT	
3.3 STREET ADDRESS	735 N JEFFERSON AVE	
3.4 CITY-ST-ZIP	SARASOTA FL 34237	
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHARON K. FARRINGTON	
4.3 STREET ADDRESS	731 N JEFFERSON AVE	
4.4 CITY-ST-ZIP	SARASOTA FL 34237	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARILYN DOLAN	
5.3 STREET ADDRESS	709 N JEFFERSON AVE	
5.4 CITY-ST-ZIP	SARASOTA FL 34237	
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 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:

[Handwritten Signature]

3-15-99 955-1783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0068675

CP20037 (11/98)