


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90079 009 ****61.25

DOCUMENT # 759077

1. Entity 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
2848 Proctor Road

3. Mailing Address
2848 Proctor Road

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34231

Country
USA

Zip
34231

Country
USA

03012004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2265459

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT INC
2477 STICKNEY POINT RD 119A
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name
MILLER MANAGEMENT SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2848 Proctor Road

City
Sarasota FL Zip Code
34231

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 *Doroth K. Miller* DATE *3/25/04*

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

Filing Fee is \$61.25 Due by May 1, 2004

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	PD PFEIFFER, PAT 6148 FAIRVIEW TERRACE BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JOHN A 749 N JEFFERSON AVENUE SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIORDANO III, NICHOLAS 753 N JEFFERSON AVENUE SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRICO, MICHAEL G 657 NO. JEFFERSON AVENUE SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOHM, KAREN 757 N. JEFFERSON AVENUE SARASOTA, FL 34237	<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	VPD SKFEN, DAVID 605 N. Jefferson Avenue Sarasota, FL 34237	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENNIGOTTI, LINDA 635 N. Jefferson Avenue Sarasota, FL 34237	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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 exemption stated in Section 119.07(3)(i), 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: *Karen S. Dohm* **Karen S. Dohm** DATE: *3/18/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR