


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90189 032 \*\*\*\*61.25

|  |                         |  |  |  |  |
|--|-------------------------|--|--|--|--|
| <b>DOCUMENT # 759077</b>   |                         |  |  |         |  |
| 1. Entity Name<br>JEFFERSON PINES CONDOMINIUM ASSOCIATION, INC.  |                         |  |  |  |  |
| Principal Place of Business<br>2848 PROCTOR RD.<br>SARASOTA, FL 34231 US   |                         |  | Mailing Address<br>2848 PROCTOR RD.<br>SARASOTA, FL 34231 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                         | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                         | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                         | City & State   |  | 4. FEI Number<br>59-2265459  |  |
| Zip  |                         | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>MILLER MANAGEMENT SERVICES INC.<br>2848 PROCTOR RD.<br>SARASOTA, FL 34231   |                         |  | 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<br>Due by May 1, 2007  |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |  |
| Make check payable to Florida Department of State  |                         |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10        |  |  |
| TITLE  | PD                      | <input type="checkbox"/> Delete  | TITLE  | VPD  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SKEEN, DAVID            |  | NAME   |  |  |
| STREET ADDRESS   | 605 N. JEFFERSON AVE.   |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SARASOTA, FL 34237      |  | CITY-ST-ZIP  |  |  |
| TITLE  | SD                      | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | PERNIGOTTI, LINDA       |  | NAME   |  |  |
| STREET ADDRESS   | 635 IN. JEFFERSON AVE.  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SARASOTA, FL 34237      |  | CITY-ST-ZIP  |  |  |
| TITLE  | D                       | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | STENDER, RICHARD        |  | NAME   |  |  |
| STREET ADDRESS   | 625 NORTH JEFFERSON AVE |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SARASOTA, FL 34237      |  | CITY-ST-ZIP  |  |  |
| TITLE  | VPD                     | <input type="checkbox"/> Delete  | TITLE  | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | HARRINGTON, DAVID       |  | NAME   |  |  |
| STREET ADDRESS   | 607 N JEFFERSON AVE     |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | SARASOTA, FL 34237      |  | CITY-ST-ZIP  |  |  |
| TITLE  | TD                      | <input checked="" type="checkbox"/> Delete                                       | TITLE  | TD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | DOHM, KAREN             |  | NAME   | HAYES, RONDA   |  |
| STREET ADDRESS   | 757 NORTH JEFFERSON AVE |  | STREET ADDRESS   | 633 N. Jefferson Avenue  |  |
| CITY-ST-ZIP  | SARASOTA, FL 34237      |  | CITY-ST-ZIP  | Sarasota, FL 34237   |  |
| TITLE  |                         | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME   |  |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP  |  |  |
| 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: <u>R. O. Hayes</u>  |                         | Ronda Hayes, Treasurer 4/23/07 (941) 923-5811                                    |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                         | Date   |  | Daytime Phone #  |  |