


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90184 008 ****61.25

DOCUMENT # 759077

1. Entity Name
JEFFERSON PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**P O BOX 25065
SARASOTA FL 34277
US** **P O BOX 25065
SARASOTA FL 34277
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2265459** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ARGUS PROPERTY MANAGEMENT INC
2477 STICKNEY POINT RD 118A
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 _____

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	PFEIFFER, PAT	
STREET ADDRESS	715 N JEFFERSON AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BROWN, JOHN A	
STREET ADDRESS	749 N JEFFERSON AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIORDANO III, NICHOLAS	
STREET ADDRESS	753 N JEFFERSON AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, MARILYN	
STREET ADDRESS	729 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DEROSSET, MARIE V	
STREET ADDRESS	771 N JEFFERSON AVENUE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6148 FAIRVIEW TERRACE	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL G. MERRICO	
STREET ADDRESS	657 N JEFFERSON AVENUE	
CITY-ST-ZIP	SARASOTA, FLORIDA 34237	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN DOAM	
STREET ADDRESS	759 N JEFFERSON AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John A. Brown* **JOHN A. BROWN PRES 4-9-03 941 378-4440**

CR2E037 (10/02)