

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759113 (4)

1. Corporation Name
JEFFERSON ARMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**610 JEFFERSON AVE
P. O. BOX 114
CAPE CANAVERAL FL 32920
US**

Mailing Address
**610 JEFFERSON AVE
P. O. BOX 114
CAPE CANAVERAL FL 32920
US**

3. Date Incorporated or Qualified
07/13/1981

3a. Date of Last Report
03/17/1995

4. FEI Number
59-2377356

Applied For
 Not Applicable

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

2. Principal Place of Business
21 []
Suite, Apt. #, etc.
22 []
City & State
23 []
Zip
24 []

2a. Mailing Address
26 []
Suite, Apt. #, etc.
27 []
City & State
28 []
Zip
29 []

Country
25 []
Country
30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RYAN, DONALD L
610 JEFFERSON AVE, APT 14
CAPE CANAVERAL FL 32920**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 []
84 City
85 Zip Code
FL

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

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
RYAN, DONALD L
610 JEFFERSON AVE #14
CAPE CANAVERAL FL**

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
PHILIP, JOHN
610 JEFFERSON AVE., #2
CAPE CANAVERAL FL**

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
RYAN, MILLIE
610 JEFFERSON AVE #14
CAPE CANAVERAL FL**

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-03/11/96--01056--004
***70.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Donald L. Ryan **DONALD L. RYAN** 03/01/96 (407) 784-0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paying Phone

CR2E037 (12/95)