FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

759113

(4)

JEFFERSON ARMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address										il Bibli Bibli 188 1
610 JEFFERSO	N AVE		610 JEFFERSON AVE				•			
P. O. BOX 114 CAPE CANAVERAL FL 32920				P. O. BOX 114 CAPE CANAVERAL FL 32820-0114						
US	THE TE DESE	US					3. Date Incorporated or Qualified 07/13/1981	3a. Date of Last 03/11/	Report 1996	
2. Principal P	lace of Busin	ess	2a. M	2a. Mailing Address				4. FEI Number		Applied For
21			26					59-2377356		Not Applicable
Suite, Apt #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State				City & State				6. Election Campaign Financing	_ '	May Be
23 Z ₁ D	Zip Country		28 Zi	Zip Country				Trust Fund Contribution		d to Fees
24	25		29	29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No		
Name and Address of Current Registered Agent								10. Name and Address of New Re		
						81	Name			
RYAN, DONALD L							Street Add	Iress (P.O. Box Number is Not Acceptate	ile)	
610 JEFFERSON AVE, APT 14 CAPE CANAVERAL FL 32920						83				
CAPEC	ANAVENAL	FL 35850				03				
						84	City		FL	p Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abooffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statut.								poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing of the appointment in	its registered as registered
SIGNATURE	TI ICATIIICA WAL	n, and accept the oblig	jations of, or	501011 617 .0005, F1	ionioa stai	utea				
	Signature typed o	or printed name of registered age			TE: Registere	d Age	nt signature requ	irad when reinstating)	DATE	
12.		OFFICERS AN	ID DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	ONALD I		☐ DELETE	1.1 Ti				L_I Change	e 🔲 Addition
NAME		DONALD L FERSON AVE #14			1.2 N					
STREET ADDRESS		ANAVERAL FL					ADDRESS			
CITY-ST-ZIP TITLE	VPD	NINYEINE I E		DELETE	1.4 Cl 2.1 Tl	TY-SI	I - ZIP		☐ Change	e Addition
NAME	PHILIP,	JOHN		otter	2.1 N				change	, L. Addition
STREET ADDRESS		FERSON AVE., #2					ADDRESS			:
CITY - ST - ZIP		ANAVERAL FL					T-ZIP			
TITLE	STD			DELETE	3.1 TI				Change	e
NAME	RYAN, N	AILLIE			3.2 N	AME				_
STREET ADDRESS		FERSON AVE #14			3.3 \$1	REET.	ADORESS			
CITY-S1-ZIP	CAPE C	ANAVERAL FL			3.4. C	ITY-S	T-ZIP			
TITLE				DELETE	4.1 TI	TLE			☐ Change	e 🔲 Addition
NAME					4.2 N	AME				
STREET ADDRESS					4.3 ST	REET.	ADDRESS			
CITY-ST-ZIP						TY-SI	T-ZIP			···
TITLE				☐ DELETE	5.1 11				☐ Change	e 🔲 Addition
NAME					52 N					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP				DELETE		1Y-S1	r-ziP		T 05	4 Julius .
TITLE				- DELETE	61 TI				L Change	B Addition
NAME CIRCLI ADDRESS					6.2 N		LDDDF66			
STREET ADDRESS							ADDRESS			
CHTY-ST-ZIP					■ 64 CI	TY-\$1	I-21P			

14. Ido 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.

SIGNATURE:

DOVALLA TO TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/97 (407) 784-0545

FILED

Mar 06 1997 8:00am

Secretary of State