

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 03 1998 8:00am
Secretary of State**

MP

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
07/13/1981

4. FEI Number
59-2377356

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **MURTO, TOD B.**

82 Street Address (P.O. Box Number is Not Acceptable)
610 JEFFERSON AVE, APT 9

83

84 City **CAPE CANAVERAL FL** 85 Zip Code **32920**

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 **TOD B. MURTO PRESIDENT** DATE **5/18/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, DONALD L	
STREET ADDRESS	610 JEFFERSON AVE #14	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PHILIP, JOHN	
STREET ADDRESS	610 JEFFERSON AVE., #2	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, MILLIE	
STREET ADDRESS	610 JEFFERSON AVE #14	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MURTO, TOD B	
1.3 STREET ADDRESS	610 JEFFERSON AVE #9	
1.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WELLS, GARY	
2.3 STREET ADDRESS	610 JEFFERSON AVE #1	
2.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MURTO, ELIZABETH	
3.3 STREET ADDRESS	610 JEFFERSON AVE #9	
3.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: **TOD B. MURTO** **5/18/98** **Dep. \$61.25**

CR2E037 (10/97)