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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90011 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759113

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
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21 Principal Place of Business	2a Mailing Address	3. Date Incorporated or Qualified 07/13/1981
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2377356
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>
25 Country	29 Country	\$8.75 Additional Fee Required
30 Country		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MURTO, TOD B 610 JEFFERSON AVE, APT 9 CAPE CANAVERAL FL 32920		81 Name BOSSERT, EDWARD	85 Zip Code 32771
		82 Street Address (P.O. Box Number is Not Acceptable) 1516 EAST 2ND STREET	
		83	
		84 City SANFORD	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: *Edward F. Bossert, P* DATE: 3-23-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MURTO, TOD B <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	BOSSERT EDWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTO, TOD B	1.2 NAME	BOSSERT EDWARD
STREET ADDRESS	610 JEFFERSON AVE #9	1.3 STREET ADDRESS	1516 EAST 2ND STREET
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	SANFORD FL 32771
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, GARY	2.2 NAME	
STREET ADDRESS	610 JEFFERSON AVE., #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	MILNE BETTY LOU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTO, ELIZABETH	3.2 NAME	MILNE BETTY LOU
STREET ADDRESS	610 JEFFERSON AVE #9	3.3 STREET ADDRESS	610 JEFFERSON # 3
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Edward F. Bossert, P* DATE: 3-22-99, 407-380-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #