


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 759113		
1. Entity 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	



01172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2377356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSEN, CARL W
610 JEFFERSON AVE #11
CAPE CANAVERAL, FL 32920**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSEN, CARL W 610 JEFFERSON AVE #11 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WELLS, GARY 610 JEFFERSON AVE., #1 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSEN, JANE L 610 JEFFERSON #11 CAPE CANAVERAL, FL 32920
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01/21/05-80084-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Carl W Andersen 4/17/05 321 868 2907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carl W Andersen