


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90025 042 \*\*\*\*61.25

<b>DOCUMENT # 759113</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2377356	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDERSEN, CARL W 610 JEFFERSON AVE #11 CAPE CANAVERAL, FL 32920			Name <u>Gallagher, Ruth Ann</u> Street Address (P.O. Box Number is Not Acceptable) <u>610 Jefferson Ave. #4</u> City <u>Cape Canaveral FL</u> Zip Code <u>32920</u>		
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 <u>Ruth Ann Gallagher, Sec Treasurer</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/18/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSEN, CARL W 610 JEFFERSON AVE #11 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ryan, Donald 610 Jefferson Ave. #14 Cape Canaveral FL 32920		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WELLS, GARY 610 JEFFERSON AVE., #1 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSEN, JANE L 610 JEFFERSON #11 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gallagher, Ruth Ann 610 Jefferson Ave. #4 Cape Canaveral, FL 32920		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ruth Ann Gallagher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>3/18/2008</u> <small>Date</small>		



02262008 Chg-NP CR2E037 (12/06)

914-224-5006