

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759113

FILED
Feb 25, 2009
Secretary of State

Entity Name: JEFFERSON ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

610 JEFFERSON AVE
P. O. BOX 114
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

610 JEFFERSON AVE
P. O. BOX 114
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2377356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, RUTH ANN
610 JEFFERSON AVE #4
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYAN, DONALD
Address: 610 JEFFERSON AVE #14
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VPD () Delete
Name: WELLS, GARY
Address: 610 JEFFERSON AVE. #1
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: STD () Delete
Name: GALLAGHER, RUTH ANN
Address: 610 JEFFERSON AVE #4
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTHANN GALLAGHER

Electronic Signature of Signing Officer or Director

STD

02/25/2009

_____ Date