

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759113

FILED  
Feb 25, 2011  
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:**

610 JEFFERSON AVE  
CAPE CANAVERAL, FL 32920 US

**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  
Name: RYAN, MILLIE  
Address: 610 JEFFERSON AVE #14  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

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

I hereby 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 all other like empowered.

SIGNATURE: RUTH ANN GALLAGHER

MRS.

02/25/2011

Electronic Signature of Signing Officer or Director

Date