

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90126 030 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2377356**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ANDERSEN, CARL W | |
| STREET ADDRESS | 610 JEFFERSON AVE #11 | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | WELLS, GARY | |
| STREET ADDRESS | 610 JEFFERSON AVE., #1 | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | MILNE, BETTY LOU | |
| STREET ADDRESS | 610 JEFFERSON #3 | |
| CITY-ST-ZIP | CAPE CANAVERAL FL 32920 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSEN, JANE L | |
| STREET ADDRESS | 610 JEFFERSON #11 | |
| CITY-ST-ZIP | CAPE CANAVERAL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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: [Signature] **REQUIRED** 2/22/03 321 7845976

CR2E037 (10/02)