

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02909 (2)

1. Corporation Name
JEFFERSON PINES II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
630 S. ORANGE AVE. STE. #102 SARASOTA FL 34236 US

3. Date Incorporated or Qualified **05/07/1984** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **59-2506209** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDO KEEPERS INC.
630 S ORANGE AVE
SUITE 102
SARASOTA FL 34234**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURRAY, HAROLD	
STREET ADDRESS	756 N. JEFFERSON AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STRANGE, BILL	
STREET ADDRESS	738 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PRITCHARD GLENN	
STREET ADDRESS	704 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, LUCEY	
STREET ADDRESS	758 N. JEFFERSON AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAVOY, CLOVER	
STREET ADDRESS	778 N.JEFFERSON AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAGAN, JOHN	
STREET ADDRESS	730 N JEFFERSON AVE.	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Murray, Harold	
1.3 STREET ADDRESS	756 N. Jefferson Ave.	
1.4 CITY-ST-ZIP	Sarasota, FL 34237	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Dragan	
2.3 STREET ADDRESS	730 N. Jefferson Ave.	
2.4 CITY-ST-ZIP	Sarasota, FL 34237	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russo, Albert	
3.3 STREET ADDRESS	734 N. Jefferson Ave.	
3.4 CITY-ST-ZIP	Sarasota, FL 34237	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Clover Savoy	
4.3 STREET ADDRESS	778 N. Jefferson Ave.	
4.4 CITY-ST-ZIP	Sarasota, FL 34237	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Prewitt, Dana	
5.3 STREET ADDRESS	748 N. Jefferson Ave.	
5.4 CITY-ST-ZIP	Sarasota, FL 34237	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)