


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 630 S. ORANGE AVE. STE. 102 SARASOTA FL 34236 US			Mailing Address 630 S. ORANGE AVE. STE. 102 SARASOTA FL 34236 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 101 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 101 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 05/07/1984 4. FEI Number 59-2506209 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent CONDO KEEPERS INC. 630 S ORANGE AVE SUITE 102 SARASOTA FL 34234			10. Name and Address of New Registered Agent 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 617.2603, Florida Statutes. SIGNATURE <i>Robb S. Pussifull</i> Robb S. Pussifull 1-23-98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE NAME BILL STRANGE STREET ADDRESS 738 N JEFFERSON AVE CITY-ST-ZIP SARASOTA FL			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Albert Russo MD 1.3 STREET ADDRESS 734 N Jefferson Ave 1.4 CITY-ST-ZIP Sarasota FL 34237		
TITLE <input type="checkbox"/> DELETE NAME SID DRAGAN, JOHN STREET ADDRESS 730 NORTH JEFFERSON AVENUE CITY-ST-ZIP SARASOTA FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME VP HAROLD MURRAY STREET ADDRESS 756 N JEFFERSON AVE CITY-ST-ZIP SARASOTA FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME AUDREY PREWITT STREET ADDRESS 748 N JEFFERSON AVE CITY-ST-ZIP SARASOTA FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME CHARLES GOLDING STREET ADDRESS 736 N JEFFERSON AVE CITY-ST-ZIP SARASOTA FL			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D TONY REMENIK STREET ADDRESS 760 N JEFFERSON AVE CITY-ST-ZIP SARASOTA FL			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 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 9063433

CR2E037 (10/97)