


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02909 (2)**

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



Principal Place of Business <b>630 S. ORANGE AVE. STE. #102 SARASOTA FL 34236 US</b>	Mailing Address <b>630 S. ORANGE AVE. STE. #102 SARASOTA FL 34236 US</b>
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3. Date Incorporated or Qualified <b>05/07/1984</b>	
4. FEI Number <b>59-2506209</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc. <b>Suite 101</b>	26. Suite, Apt. #, etc. <b>101</b>
23. City & State	27. City & State
24. Zip	28. Country
25. Country	29. Zip
30. Country	

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. City
84. State <b>FL</b>
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 *Robbelle S. Pursifull* **Robbelle S. Pursifull** **1-23-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>BILL STRANGE</b>
STREET ADDRESS	<b>738 N JEFFERSON AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SID DRAGAN, JOHN</b>
STREET ADDRESS	<b>730 NORTH JEFFERSON AVENUE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP HAROLD MURRAY</b>
STREET ADDRESS	<b>756 N JEFFERSON AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>RD AUDREY PREWITT</b>
STREET ADDRESS	<b>748 N JEFFERSON AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BTID CHARLES GOLDING</b>
STREET ADDRESS	<b>736 N JEFFERSON AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D TONY REMENIK</b>
STREET ADDRESS	<b>760 N JEFFERSON AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Albert Russo MD</b>
1.3 STREET ADDRESS	<b>734 N Jefferson Ave</b>
1.4 CITY-ST-ZIP	<b>Sarasota FL 34237</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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** *Albert Russo* **(941) 351-4442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9063433

CR2E037 (10/87)