

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90059 040 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

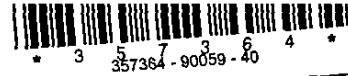


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02909

1. Corporation Name

JEFFERSON PINES II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

630 S. ORANGE AVE.
 STE 101
 SARASOTA FL 34236
 US

Mailing Address

630 S. ORANGE AVE.
 101
 SARASOTA FL 34236
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/07/1984

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

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 617.0503, Florida Statutes.

SIGNATURE

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 DELETE

PD
 NAME RUSSO, ALBERT
 STREET ADDRESS 734 N JEFFERSON AVE
 CITY-ST-ZIP SARASOTA FL 34237

TITLE DELETE

SD
 NAME DRAGAN, JOHN
 STREET ADDRESS 730 NORTH JEFFERSON AVENUE
 CITY-ST-ZIP SARASOTA FL

TITLE DELETE

VP
 NAME HAROLD MURRAY
 STREET ADDRESS 756 N JEFFERSON AVE
 CITY-ST-ZIP SARASOTA FL

TITLE DELETE

D
 NAME AUDREY PREWITT
 STREET ADDRESS 748 N JEFFERSON AVE
 CITY-ST-ZIP SARASOTA FL

TITLE DELETE

TD
 NAME CHARLES GOLDING
 STREET ADDRESS 736 N JEFFERSON AVE
 CITY-ST-ZIP SARASOTA FL

TITLE DELETE

D
 NAME TONY REMENIK
 STREET ADDRESS 760 N JEFFERSON AVE
 CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

VP
 1.2 NAME CLOVER SAVOY
 1.3 STREET ADDRESS 198 N. JEFFERSON AVE.
 1.4 CITY-ST-ZIP SARASOTA, FL 34237

2.1 TITLE Change Addition

T
 2.2 NAME AGNES BYRNES
 2.3 STREET ADDRESS 740 N. JEFFERSON AVE.
 2.4 CITY-ST-ZIP SARASOTA, FL 34237

3.1 TITLE Change Addition

D
 3.2 NAME RICHARD DUQUETTE
 3.3 STREET ADDRESS 158 N. JEFFERSON AVE.
 3.4 CITY-ST-ZIP SARASOTA, FL 34237

4.1 TITLE Change Addition

D
 4.2 NAME DIANE WILSON
 4.3 STREET ADDRESS 772 N. JEFFERSON AVE.
 4.4 CITY-ST-ZIP SARASOTA, FL 34237

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/19/99