

2000 UNIFORM BUSINESS REPORT (UBR)

3/6

FILED
May 17, 2000 8:00 am
Secretary of State

03-06-2000 90026 050 ****61.25

DOCUMENT # N02909

1. Entity Name

JEFFERSON PINES II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

S. ORANGE AVE.
 SUITE 101
 SARASOTA FL 34236

630 S. ORANGE AVE.
 101
 SARASOTA FL 34236-7504
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2506209

Applied For

Not Applicable

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

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

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.

SIGNATURE

Jerry Puslen
 Signature, typed or printed name of registered agent and title if applicable

Tony Caples *2/26/00*
 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SAVOY, CLOVER	
STREET ADDRESS	778 N. JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BYRNES, AGNES	
STREET ADDRESS	740 N. JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUQUETTE, RICHARD	
STREET ADDRESS	758 N. JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, DIANE	
STREET ADDRESS	772 N. JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TONY REMENIK	
STREET ADDRESS	760 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SavoY, Clover	
STREET ADDRESS	778 N. Jefferson Ave	
CITY-ST-ZIP	Sarasota FL 34237	
TITLE	Secretary Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leneck Becky	
STREET ADDRESS	732 N Jefferson Ave	
CITY-ST-ZIP	Sarasota FL 34237	
TITLE	Vice President Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murray Harold	
STREET ADDRESS	756 N Jefferson Ave	
CITY-ST-ZIP	Sarasota FL 34237	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duquette Richard	
STREET ADDRESS	758 N Jefferson Ave	
CITY-ST-ZIP	Sarasota FL 34237	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tony Remenik	
STREET ADDRESS	760 N Jefferson Ave	
CITY-ST-ZIP	Sarasota FL 34237	
TITLE	Prewitt, Dana Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	748 N Jefferson Ave	
CITY-ST-ZIP	Sarasota FL 34237	

CF12E037 (9/99)

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: *Clover SavoY* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #