

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90009 039 ****61.25

DOCUMENT # N02909 1. Entity Name JEFFERSON PINES II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1377 NORTHGATE BLVD SARASOTA, FL 34231 US				Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 US	
2. Principal Place of Business 1877 Northgate Blvd.		3. Mailing Address PRM, Inc.			
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. P.O. Box 50665			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34234		Zip 34232-0305			
Country USA		Country USA		03182003 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2506209				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDO KEEPERS INC. 1877 NORTHGATE BLVD SARASOTA, FL 34234			7. Name and Address of New Registered Agent Name Premium Resource Mgmt., Inc. Street Address (P.O. Box Number is Not Acceptable) 1877 Northgate Blvd., Suite 4 Sarasota City Sarasota FL Zip Code 34234		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Michael R. Manning 8/26/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, JULIE A 1821 COQUINA DRIVE SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pat Blum 762 N. Jefferson Ave. Sarasota, FL 34237
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUINN, SHIRLEY 726 N. JEFFERSON AVE. SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Peter Bernard 744 N. Jefferson Ave. Sarasota, FL 34237
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUGUETTE, RICHARD 758 N. JEFFERSON AVE SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Duquette
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LEACOCK, REBECCA 732 N. JEFFERSON AVE. SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Gauslow 748 N. Jefferson Ave. Sarasota, FL 34237
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REMENIK, TONY 760 N JEFFERSON AVE SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nathan Hays 780 N. Jefferson Ave. Sarasota, FL 34237
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNOX, ESTHER 782 N. JEFFERSON SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete			
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: Peter Bernard, Treasurer 8/26/2004 941/957-0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					