



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90202 005 ****61.25

DOCUMENT # N02909					
1. Entity Name JEFFERSON PINES II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US			Mailing Address 5037 RINGWOOD MEADOW B SARASOTA, FL 34235 US		
2. Principal Place of Business 5041 Ringwood Meadow Suite, Apt. #, etc. STE 2		3. Mailing Address 5041 Ringwood Meadow Suite, Apt. #, etc. STE 2			
City & State City: State:		City & State City: State:		4. FEI Number 59-2506209	
Zip Zip:		Country Country:		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT, INC 5037 RINGWOOD MEADOW STE B SARASOTA, FL 34235				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): 5041 Ringwood Meadow STE 2 City: State: 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 D NAME BLUM, PAT STREET ADDRESS 762 N JEFFERSON AVE CITY - ST - ZIP SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Fanning, Colleen STREET ADDRESS 162 N. Jefferson Ave. CITY - ST - ZIP SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TV NAME BERNARD, PETER STREET ADDRESS 744 N JEFFERSON AVE CITY - ST - ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE DV NAME Bernard, Peter STREET ADDRESS 744 N. Jefferson Ave CITY - ST - ZIP SARASOTA, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME DUQUETTE, RICHARD STREET ADDRESS 758 N. JEFFERSON AVE CITY - ST - ZIP SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete				
TITLE PD NAME LEACOCK, REBECCA STREET ADDRESS 732 N. JEFFERSON AVE. CITY - ST - ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete				
TITLE D NAME JORDAN, JULIE STREET ADDRESS 1821 COQUINA AVE CITY - ST - ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		TITLE D NAME Riccardo, Ken STREET ADDRESS 766 N. Jefferson Ave CITY - ST - ZIP SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HAYS, NATHAN STREET ADDRESS 780 N JEFFERSON AVE CITY - ST - ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					