


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 046 ****61.25

DOCUMENT # N02909					
1. Entity Name JEFFERSON PINES II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235 US			Mailing Address 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2506209	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT, INC 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE STD NAME FANNING, COLLEEN STREET ADDRESS 762 N JEFFERSON AVE CITY-ST-ZIP SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete				
TITLE DV NAME BERNARD, PETER STREET ADDRESS 744 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 RICCARDO, KEN STREET ADDRESS 766 NORTH JEFFERSON AVE CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Delete				
TITLE D NAME HAYS, NATHAN STREET ADDRESS 780 N JEFFERSON AVE CITY-ST-ZIP SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE DV NAME GIAMMARCO, DANIEL STREET ADDRESS 714 N. JEFFERSON AVE CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE STD NAME SMLATIC, ZVONKO STREET ADDRESS 772 JEFFERSON AVE CITY-ST-ZIP SARASOTA FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME LEACOCK, REBECCA STREET ADDRESS 732 N JEFFERSON AVE CITY-ST-ZIP SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE PD NAME RICCARDO, KENNETH STREET ADDRESS 766 N. JEFFERSON AV CITY-ST-ZIP SARASOTA FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE D NAME GINGERICH, DEBORAH STREET ADDRESS 772 N JEFFERSON AVE CITY-ST-ZIP SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>K M J</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-25-07 Daytime Phone #: 365-7884					