

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90045 024 ****61.25

DOCUMENT # N02909

1. Entity Name

JEFFERSON PINES-II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

630 S. ORANGE AVE.
STE 101
SARASOTA FL 34238
US

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044
US

2. Principal Place of Business

1877 Northgate Blvd
Sarasota

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Michael Manning
1877 Northgate Blvd.
Sarasota, FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	<input type="checkbox"/> Delete
NAME	ZUMBRO, BRENDA	
STREET ADDRESS	734 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	T	<input type="checkbox"/> Delete
NAME	QUINN, SHIRLEY	
STREET ADDRESS	726 N. JEFFERSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUGUETTE, RICHARD	
STREET ADDRESS	758 N. JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LEACOCK, REBECCA	
STREET ADDRESS	732 N. JEFFERSON AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REMENIK, TONY	
STREET ADDRESS	760 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PREWITT, DANA	
STREET ADDRESS	748 N JEFFERSON AVE	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIE A. JORDAN	
STREET ADDRESS	1821 COQUINA DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Esther Lennox	
STREET ADDRESS	782 N. Jefferson	
CITY-ST-ZIP	Sarasota, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

4-18-03

941-359-4816

CR2E037 (10/02)