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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38749 (0)

1. Corporation Name
JEFFERSON CORNERS AT HERITAGE RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1501 DECKER AVENUE SUITE 112 STUART FL 34994 US	Mailing Address 1501 DECKER AVENUE SUITE 112 STUART FL 34994-3964 US
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3. Date Incorporated or Qualified 06/20/1990	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 6701 SW Lost River Road Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 3385 Suite, Apt. #, etc.
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4. FEI Number 65-0223001	Applied For <input type="checkbox"/> Not Applicable
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22 City & State 23 Stuart FL 34997 Zip Country	27 City & State 28 Stuart FL 34995 Zip Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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9. Name and Address of Current Registered Agent
**JANE CORNETT & WACKEN
401 E OSCEOLA
P O BOX 88
STUART FL 34994**

6. Trust Fund Contribution <input type="checkbox"/>	Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent
Martin

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, PAUL	1.2 NAME	COHEN, PAUL
STREET ADDRESS	6290 MONTICELLO TERRACE	1.3 STREET ADDRESS	6290 SE MONTICELLO TERRACE
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	HOBE SOUND, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNDT, RAY	2.2 NAME	ARNDT, RAY
STREET ADDRESS	6242 MONTICELLO TERRACE	2.3 STREET ADDRESS	6242 MONTICELLO TERRACE
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	HOBE SOUND, FL
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGLIOTTI, FRANK	3.2 NAME	GUGLIOTTI, FRANK
STREET ADDRESS	6292 MONTICELLO TERRACE	3.3 STREET ADDRESS	6292 MONTICELLO TERRACE
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	HOBE SOUND, FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, PATRICIA	4.2 NAME	SANDERS, PATRICIA
STREET ADDRESS	6222 MONTICELLO TERRACE	4.3 STREET ADDRESS	6222 MONTICELLO TERRACE
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	HOBE SOUND, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKHART, WILMA	5.2 NAME	CATAPANO, JOE
STREET ADDRESS	6230 MONTICELLO TERRACE	5.3 STREET ADDRESS	6246 MONTICELLO TERRACE
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	HOBE SOUND, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	900002215113
NAME	<i>Joe Catapano</i>	6.2 NAME	-06/18/97--01002--002
STREET ADDRESS	<i>Ray Arndt</i>	6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)