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**Mar 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 6701 SW LOST RIVER ROAD STUART FL 34997 US	Mailing Address PO BOX 3385 STUART FL 34995
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3. Date Incorporated or Qualified 06/20/1990		
4. FEI Number 65-0223001	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**JANE CORNETT & WACKEN
401 E OSCEOLA
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" 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 MONTICELLO TERRACE	
CITY-ST-ZIP HOBE SOUND FL		1.4 CITY-ST-ZIP HOBE SOUND FL 33455	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE 1st VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARNDT, RAY		2.2 NAME Gugliotti, Frank	
STREET ADDRESS 6242 MONTICELLO TERRACE		2.3 STREET ADDRESS 6292 Monticello Terrace	
CITY-ST-ZIP HOBE SOUND FL		2.4 CITY-ST-ZIP Hobe sound FL 33455	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE 2nd VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUGLIOTTI, FRANK		3.2 NAME Catapano, Joe	
STREET ADDRESS 6292 MONTICELLO TERRACE		3.3 STREET ADDRESS 6246 Monticello Terrace	
CITY-ST-ZIP HOBE SOUND FL		3.4 CITY-ST-ZIP Hobe Sound FL 33455	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDERS, PATRICIA		4.2 NAME Kilty, Millie	
STREET ADDRESS 6222 MONTICELLO TERRACE		4.3 STREET ADDRESS 6286 Monticello Terrace	
CITY-ST-ZIP HOBE SOUND FL		4.4 CITY-ST-ZIP Hobe Sound FL 33455	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURKHART, WILMA		5.2 NAME Corbo, Vinnie	
STREET ADDRESS 6230 MONTICELLO TERRACE		5.3 STREET ADDRESS 6282 Monticello Terrace	
CITY-ST-ZIP HOBE SOUND FL		5.4 CITY-ST-ZIP Hobe Sound FL 33455	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATAPANO, JOE		6.2 NAME	
STREET ADDRESS 6246 MONTICELLO TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP HOBE SOUND FL		6.4 CITY-ST-ZIP	

14. 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 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 address.

SIGNATURE: *Joseph Catapano* 2-25/98 545-5535

CR2E037 (10/97)