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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
JEFFERSON CORNERS HOMEOWNERS ASSOCIATION

Principal Place of Business 611 S. Federal Hwy. Suite C Stuart, FL 34994	Mailing Address P.O. Box 2188 Stuart, FL 34995
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0193820
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent Jane Cornett Wackeen, Cornett, Googe & Ross P.A. 401 E. Osceola Street P.O. Box 66 Stuart, Florida 34995		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			FL
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Kilty, Mildred
STREET ADDRESS		1.3 STREET ADDRESS	6286 SE Monticello Terrace
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Sheperd, Jack
STREET ADDRESS		2.3 STREET ADDRESS	6206 SE Monticello Terrace
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Carbo Vincent
STREET ADDRESS		3.3 STREET ADDRESS	6282 SE Monticello Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Holland, Frank
STREET ADDRESS		4.3 STREET ADDRESS	6284 SE Monticello Terrace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Kusche, Robert
STREET ADDRESS		5.3 STREET ADDRESS	6240 SE Monticello Terrace
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE: Mildred Kilty **Mildred Kilty** 3/11/99 **(561)781-4600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)