

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0084192

04-03-2001 90006 022 ****61.25

DOCUMENT # N38749

1. Entity Name

JEFFERSON CORNERS AT HERITAGE RIDGE HOMEOWNERS A .

Principal Place of Business

Mailing Address

611 S FED HWY STE C
 34994 34997
 US

PO BOX 2188
 STUART FL 34995

819079



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0223001

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANE CORNETT & WACKEN
401 E OSCEOLA
STUART FL 34994

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHEPERD, JACK	
STREET ADDRESS	6206 SE MONTICELLO TERR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SC	<input type="checkbox"/> Delete
NAME	HOLLAND, FRANK	
STREET ADDRESS	6284 SE MONTICELLO TERR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KUSCHE, ROBERT	
STREET ADDRESS	6240 SE MONTICELLO TERR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAGLIULA, JOHN	
STREET ADDRESS	6286 SE MONTICELLO TERR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CORBO, VINNIE	
STREET ADDRESS	6282 SE MONTICELLO TERR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larossa, Robert	
STREET ADDRESS	6211 SE Monticello Terr.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
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		
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 561-546-3563
 Date Daytime Phone #

CR2E037 (10/00)