

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0056818

**DOCUMENT # N38749**

1. Entity Name

**JEFFERSON CORNERS AT HERITAGE RIDGE HOMEOWNERS ASSOCIATION, INC.**

04-10-2002 90462 029 \*\*\*\*61.25

Principal Place of Business Mailing Address

611 S FED HWY STE C  
 34994 34997  
 US

PO BOX 2188  
 STUART FL 34995



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

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          | SC                         | <input type="checkbox"/> Delete            |
| NAME           | HOLLAND, FRANK             |  |
| STREET ADDRESS | 6284 SE MONTICELLO TERR    |  |
| CITY-ST-ZIP    | HOBE SOUND FL 33455        |  |
| TITLE          | TD                         | <input checked="" 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          | D                          | <input type="checkbox"/> Delete            |
| NAME           | LAROSSA, ROBERT            |  |
| STREET ADDRESS | 6211 SE MONTICELLO TERRACE |  |
| CITY-ST-ZIP    | HOBE SOUND FL 33455        |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | TD                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Vitale, Frank                |  |
| STREET ADDRESS | 6220 SE Monticello Terr. B-8 |  |
| CITY-ST-ZIP    | Hobe Sound, FL 33455         |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | TD                           | <input checked="" 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: *John Magliula* **John Magliula, President**

Date **4/11/2002** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)