


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90562 028 ****61.25

DOCUMENT # N38749

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



Principal Place of Business
**10 SE CENTRAL PARKWAY
 STE 130
 STUART, FL 34994 US**

Mailing Address
**PO BOX 2188
 STUART, FL 34995**

66019929



2. Principal Place of Business
7136 SE Osprey St
 Suite, Apt. #, etc.

3. Mailing Address
7136 S.E. Osprey St
 Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State
Hobe Sound FL

City & State
Hobe Sound FL

Zip
33455 Country **US**

Zip
33455 Country **US**

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

**ROSS, DEBORAH L ESQ.
 759 S FEDERAL HWY.
 STE. 212
 STUART, FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gloria Hawk* **4/28/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	<input type="checkbox"/> Delete HAWK, GLORIA 62405 E MONTICELLO TERR. HOBE SOUND, FL 33455	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gloria Hawk 6204 SE Monticello Terrace Hobe Sound FL 33455
TITLE SC	<input checked="" type="checkbox"/> Delete UTMARK, PAUL 6216 SE MONTICELLO TERR. HOBE SOUND, FL 33455	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	<input checked="" type="checkbox"/> Delete CORBO, VINNIE 6262 SE MONTICELLO TERR HOBE SOUND, FL 33455	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete WASSMANN, ROBERT C 6252 SE MONTICELLO TERR. HOBE SOUND, FL 33455	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Wassmann 6252 SE Monticello Terrace Hobe Sound FL 33455
TITLE TD	<input type="checkbox"/> Delete VITALE, FRANK 6220 SE MONTICELLO TERR B-8 HOBE SOUND, FL 33455	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Earnest Walters SD 6246 S.E. Monticello Terr. Hobe Sound FL 33455

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gloria Hawk* **4/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #