2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N38749

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



Country

City

Principal Place of Business 7136 SE OSPREY STREET HOBE SOUND, FL 33455

2. Principal Place of Business

ROSS, DEBORAH L ESQ .-

the obligations of registered agent.

759 S FEDERAL HWY.

STUART, FL 34994

Suite, Apt. #, etc.

City & State

Zip

STE. 212

Country

6. Name and Address of Current Registered Agent

Mailing Address

Mailing Address

7136 SE OSPREY STREET

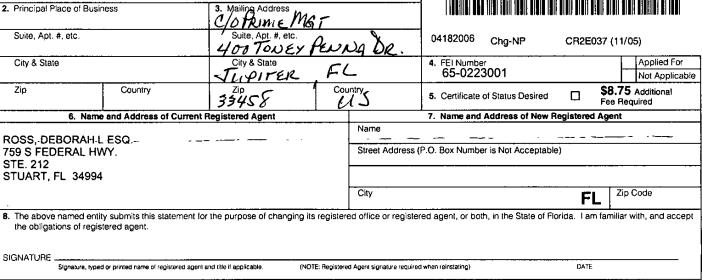
TONEY

HOBE SOUND, FL 33455

FILED May 09, 2006 8:00 am Secretary of State

05-09-2006 90082 008 ****61.25

40089843



SIGNATURE								
	Filing Fee is \$61.25 Due by May 1, 2006 9. Election Camp Trust Fund Cor		5 _ 40.00 Way be		Make check payable to Florida Department of State			
10.	OFFICERS AND DIRECTORS		11.	AD	DITIONS/CHANG	SES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWK, GLORIA 6204 SE MONTICELLO TERRACE HOBE SOUND, FL 33455	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		ERILLI, PRES UTICELLO TI , FL 3345		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTERS, EARNEST 6246 SE MONTICELLO TERRACE HOBE SOUND, FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERN 6246	EST WAL	TER, TREAS. NTICEUD TE FL 39455	☑ Change	Addition
TITLE NAME STREET ADDRESS CITY_ST_ZIP	DV WASSMANN, ROBERT C 6252 SE MONTICELLO TERR. HOBE SOUND, FL-33455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VITALE, FRANK 6220 SE MONTICELLO TERR B-8 HOBE SOUND, FL 33455	D≥ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROB 6211 HOB	ERTLORG SEMO ESOUNT	DSSA, SEC. NTICELLOT D. FL 334S	□ Change ERR 75	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: