


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # N38749**

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



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

Mailing Address  
 7136 SE OSPREY STREET  
 HOBE SOUND, FL 33455 US

40089843



2. Principal Place of Business

3. Mailing Address  
 C/O PRIME MGT  
 Suite, Apt. #, etc.  
 400 TONEY PENNA DR.  
 City & State  
 JUPITER FL  
 Zip  
 33458 Country  
 US

04182006 Chg-NP CR2E037 (11/05)

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 \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAWK, GLORIA	
STREET ADDRESS	6204 SE MONTICELLO TERRACE	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALTERS, EARNEST	
STREET ADDRESS	6246 SE MONTICELLO TERRACE	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WASSMANN, ROBERT C	
STREET ADDRESS	6252 SE MONTICELLO TERR.	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VITALE, FRANK	
STREET ADDRESS	6220 SE MONTICELLO TERR B-8	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES TEMPERELLI, PRES	
STREET ADDRESS	6262 SE MONTICELLO TERR	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST WALTER, TREAS.	
STREET ADDRESS	6246 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 checked="" type="checkbox"/> Addition
NAME	ROBERT LOROSSA, SER.	
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		

12. 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: James Temperelli - President 5-3-06 772-546-1032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #