


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N44608
1. Entity Name
JEFFERSON PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business: **3298 SUMMIT BLVD
PENSACOLA, FL 32503 US**
Mailing Address: **P.O. BOX 30018
PENSACOLA, FL 32503 US**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)
4. FEI Number: **59-3072539** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**STRUBHAR, BURTON E.
220 W. GARDEN STREET
SUITE 604
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is **\$61.25** Due by **May 1, 2004**
9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUMEL, VIVIAN 3298 SUMMIT BLVD., STE 33 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CLEVELAND, CRAWFORD H JR 3298 SUMMIT BLVD., STE 40 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLER, JULIAN N 3298 SUMMIT BLVD STE 11 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/16/04-80031-018 61.25

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: Julian N. Miller **JULIAN N. MILLER** 1/13/04 850-433-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #