


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N44608 1. Entity Name JEFFERSON PARK OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3298 SUMMIT BLVD PENSACOLA, FL 32503 US	Mailing Address P.O. BOX 30018 PENSACOLA, FL 32503 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3072539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reissuing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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1000000177039
01/11/05-80021-004 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 1/6/05 850-433-0585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #