


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 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



02012007 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is \$61.25
Due by May 1, 2007

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

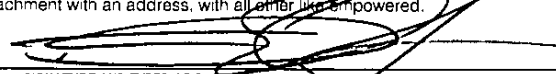
10. OFFICERS AND DIRECTORS

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 ELLIOTT, THOMAS 3298 SUMMIT BLVD STE 32 PENSACOLA, FL 32503
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 02/19/07-80002-009 61.25

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2007 *850-435-6916*
Date Daytime Phone #