

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707577 (3)

1. Corporation Name

JEFFERSON PARK, INC., A CONDOMINIUM



Principal Place of Business

Mailing Address

~~1498 JEFFERSON AVE~~  
~~MIAMI BEACH FL 33139-3856~~

~~1498 JEFFERSON AVE~~  
~~MIAMI BEACH FL 33139-3856~~

3. Date Incorporated or Qualified

07/13/1964

3a. Date of Last Report

08/07/1995

4. FEI Number

59-1104478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 ~~Summit Prop. Mgmt.~~

26 ~~P.O. Box 189013~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~P.O. Box 189013~~

27

City & State

City & State

23 ~~Plantation, FL~~

28 ~~Plantation, FL~~

Zip

Country

Zip

Country

24 ~~33318~~

25 ~~USA~~

29 ~~33318~~

30 ~~USA~~

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BORSKY, JAY~~  
~~1498 JEFFERSON AVE~~  
~~APT 508-A~~  
~~MIAMI BEACH FL 33139~~

81 Name

~~Summit Prop. Mgmt.~~

82 Street Address (P.O. Box Number is Not Acceptable)

~~6289 W. Sunrise Blvd.~~

83

~~# 202~~

84 City

~~Sunrise~~

FL

85

~~33313~~

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

|                |   |  |
|----------------|---|--|
| TITLE          | <del>D</del>                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | <del>KRUM, ALEXANDER</del>              |  |
| STREET ADDRESS | <del>1498 JEFFERSON AVE</del>           |  |
| CITY-ST-ZIP    | <del>MIAMI BEACH FL</del>               |  |
| TITLE          | <del>SD</del>                           | <input type="checkbox"/> DELETE            |
| NAME           | <del>SANTANA, MARIA</del>               |  |
| STREET ADDRESS | <del>1498 JEFFERSON AVE</del>           |  |
| CITY-ST-ZIP    | <del>MIAMI BEACH FL</del>               |  |
| TITLE          | <del>PD</del>                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <del>PFEFFER, HELEN</del>               |  |
| STREET ADDRESS | <del>1498 JEFFERSON AVE APT 302</del>   |  |
| CITY-ST-ZIP    | <del>MIAMI BCH, FL 00000</del>          |  |
| TITLE          | <del>TD</del>                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <del>SERRA, ANNA</del>                  |  |
| STREET ADDRESS | <del>1498 JEFFERSON AVE</del>           |  |
| CITY-ST-ZIP    | <del>MIAMI BCH, FL 00000</del>          |  |
| TITLE          | <del>D</del>                            | <input checked="" type="checkbox"/> DELETE |
| NAME           | <del>PFEFFER, HELEN</del>               |  |
| STREET ADDRESS | <del>1498 JEFFERSON AVE</del>           |  |
| CITY-ST-ZIP    | <del>MIAMI BEACH FL</del>               |  |
| TITLE          | <del>PD</del>                           | <input type="checkbox"/> DELETE            |
| NAME           | <del>BORSKY, JAY</del>                  |  |
| STREET ADDRESS | <del>1498 JEFFERSON AVE APT 508-A</del> |  |
| CITY-ST-ZIP    | <del>MIAMI BEACH FL</del>               |  |

|                   |                                      |  |
|-------------------|--------------------------------------|--|
| 11 TITLE          | <del>VP</del>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | <del>Paula Koon</del>                |  |
| 13 STREET ADDRESS | <del>1498 Jefferson Ave., 201</del>  |  |
| 14 CITY-ST-ZIP    | <del>Miami Beach, FL</del>           |  |
| 21 TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                      |  |
| 23 STREET ADDRESS |                                      |  |
| 24 CITY-ST-ZIP    |                                      |  |
| 31 TITLE          | <del>TO</del>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           | <del>Bertha Bernstein</del>          |  |
| 33 STREET ADDRESS | <del>1498 Jefferson Ave., #206</del> |  |
| 34 CITY-ST-ZIP    | <del>Miami Beach, FL</del>           |  |
| 41 TITLE          | <del>D</del>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           | <del>Carolyn Arena</del>             |  |
| 43 STREET ADDRESS | <del>1498 Jefferson Ave., #203</del> |  |
| 44 CITY-ST-ZIP    | <del>Miami Beach, FL</del>           |  |
| 51 TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                      |  |
| 53 STREET ADDRESS |                                      |  |
| 54 CITY-ST-ZIP    |                                      |  |
| 61 TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                      |  |
| 63 STREET ADDRESS |                                      |  |
| 64 CITY-ST-ZIP    |                                      |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bertha Bernstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)