


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90211 029 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # 746397</b><br>1. Entity Name<br><b>JEFFERSON VILLAS CONDOMINIUM ASSOCIATION, INC.</b>  |  |   |  |               |  |
| Principal Place of Business<br><b>1840 JEFFERSON AVE<br/>MIAMI BEACH, FL 33139-2458 US</b>   |  |   | Mailing Address<br><b>1840 JEFFERSON AVE<br/>MIAMI BEACH, FL 33139-2458 US</b>   |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  |  |  |
| Zip  | Country  | Zip   | Country  |  |  |
| 5012006 Chg-NP CR2E037 (4/06)  |  |   |  |  |  |
| 4. FEI Number<br><b>59-2040447</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  |  |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>REGUEIRA, BETTY<br/>1840 JEFFERSON AVE.<br/>#202<br/>MIAMI BEACH, FL 33139-2450</b>   |  |   | Name <b>Kathleen Sales</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1840 Jefferson Ave #302</b><br>City <b>Miami Beach</b> FL Zip Code <b>33139</b> |  |  |
| 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 <b>Kathleen M. Sales</b> <b>Kathleen M. Sales</b><br><small>Signature typed or printed name of registered agent and title if applicable.</small>   |  |   | DATE <b>5/1/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  | <b>Make check payable to<br/>Florida Department of State</b>                                   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>REGUEIRA, BETTY</b><br><b>1840 JEFFERSON AVE #202</b><br><b>MIAMI BEACH, FL 33139</b>               | <input checked="" type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>SPAZZIANI, MARCO</b><br><b>1840 JEFFERSON AVE #303</b><br><b>MIAMI BEACH, FL 33139</b>               | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br><b>IBARROLA, FRANCISCO</b><br><b>1840 JEFFERSON AVE #102</b><br><b>MIAMI BEACH, FL 33139</b>          | <input checked="" type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>PD</del><br><b>SALES, KATHLEEN</b><br><b>1840 JEFFERSON AVE , # 302</b><br><b>MIAMI BEACH, FL 33139</b> | <input type="checkbox"/> Delete   |  | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  | PD<br><b>Ana Pozo , #203</b><br><b>1840 Jefferson Ave</b><br><b>Miami Beach Fl 33139</b>       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  | TD<br><b>Carol Betancourt</b><br><b>1840 Jefferson Ave #205</b><br><b>Miami Beach Fl 33139</b> |  |
| 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: <b>Kathleen Sales</b> <b>Kathleen Sales</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | DATE <b>5/1/06</b> 305 491 0441<br><small>Date Daytime Phone</small>   |  |  |