

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759077

**Entity Name:** JEFFERSON PINES CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 06, 2024**  
**Secretary of State**  
**6221691816CC**

**Current Principal Place of Business:**

C/O MITCHELL ASSOCIATION MANAGEMENT GROUP  
5942 PALMER BLVD.  
SARASOTA, FL 34232

**Current Mailing Address:**

C/O MITCHELL ASSOCIATION MANAGEMENT GROUP  
5942 PALMER BLVD.  
SARASOTA, FL 34232 US

**FEI Number: 59-2265459**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MITCHELL ASSOCIATION MANAGEMENT GROUP, LLC  
MITCHELL ASSOCIATION MANAGEMENT GROUP  
5942 PALMER BLVD.  
SARASOTA, FL 34232 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name TEICHER, SUZANNE  
Address C/O MITCHELL ASSOCIATION  
MANAGEMENT GROUP  
5942 PALMER BLVD.  
City-State-Zip: SARASOTA FL 34232

Title MANAGING AGENT  
Name MITCHELL, PAULA  
Address C/O MITCHELL ASSOCIATION  
MANAGEMENT GROUP  
5942 PALMER BLVD.  
City-State-Zip: SARASOTA FL 34232

Title PRESIDENT  
Name STONER, DORIS  
Address C/O MITCHELL ASSOCIATION  
MANAGEMENT GROUP  
5942 PALMER BLVD.  
City-State-Zip: SARASOTA FL 34232

Title VP  
Name TAYLOR, VALERIE  
Address C/O MITCHELL ASSOCIATION  
MANAGEMENT GROUP  
5942 PALMER BLVD.  
City-State-Zip: SARASOTA FL 34232

Title TREASURER  
Name O'BRIAN, AMY  
Address C/O MITCHELL ASSOCIATION  
MANAGEMENT GROUP  
5942 PALMER BLVD.  
City-State-Zip: SARASOTA FL 34232

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAULA MITCHELL**

**MANAGING AGENT**

**04/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date