

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759077

**FILED  
Mar 06, 2015  
Secretary of State  
CC8428669320**

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

**Current Principal Place of Business:**

2848 PROCTOR RD.  
SARASOTA, FL 34231

**Current Mailing Address:**

2848 PROCTOR RD.  
SARASOTA, FL 34231 US

**FEI Number: 59-2265459**

**Certificate of Status Desired: No**

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

MILLER MANAGEMENT SERVICES INC.  
2848 PROCTOR RD.  
SARASOTA, FL 34231 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 SD  
Name TAYLOR, VALERIE  
Address 635 NORTH JEFFERSON AVE.  
City-State-Zip: SARASOTA FL 34237

Title D  
Name STEPHENS, MICHAEL  
Address 769 N. JEFFERSON AVENUE  
City-State-Zip: SARASOTA FL 34237

Title TD  
Name LABONE, FRANK  
Address 757 NORTH JEFFERSON AVE  
City-State-Zip: SARASOTA FL 34237

Title PD  
Name TONKO, SHIRLEY  
Address 721 NORTH JEFFERSON AVENUE  
City-State-Zip: SARASOTA FL 34237

Title VPD  
Name CILLO, CAROL  
Address 619 NORTH JEFFERSON AVENUE  
City-State-Zip: SARASOTA FL 34237

*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: SHIRLEY TONKO**

**PRESIDENT**

**03/06/2015**

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

\_\_\_\_\_  
Date