

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

DOCUMENT# N38749

**Entity Name:** JEFFERSON CORNERS AT HERITAGE RIDGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 28, 2024**  
**Secretary of State**  
**9624599210CC**

**Current Principal Place of Business:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE400  
STUART, FL 34994

**Current Mailing Address:**

C/O COASTAL PROPERTY MANAGEMENT  
10 SE CENTRAL PARKWAY SUITE400  
STUART, FL 34994 US

**FEI Number: 65-0223001**

**Certificate of Status Desired: No**

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

ROSS EARLE BONAN ENSOR & CARRIGAN, PA  
819 SW FEDERAL HWY.  
STE. 302  
STUART, FL 34994 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: REGINA KRETT**

**03/28/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           HAYDEN-BARRETT, DEBRA  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400  
City-State-Zip: STUART FL 34994

Title           VP, SECRETARY  
Name           TRUDEL, NANCY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400  
City-State-Zip: STUART FL 34994

Title           PRESIDENT  
Name           LEAHY, JOHN  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400  
City-State-Zip: STUART FL 34994

Title           TREASURER  
Name           COTTRELL, MARY  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400  
City-State-Zip: STUART FL 34994

Title           DIRECTOR  
Name           HERRIMAN, CHARLES  
Address        C/O COASTAL PROPERTY  
                  MANAGEMENT  
                  10 SE CENTRAL PARKWAY SUITE400  
City-State-Zip: STUART FL 34994

*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: JOHN LEAHY**

**PRESIDENT**

**03/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date