

**FIRE NOW: FILING FEE IS \$61.25**

**FILED**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

00 MAR -8 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **731546**

1. Corporation Name  
**Jefferson Gardens Condominium Association, Inc.**

Principal Place of Business  
**1740 Jefferson Avenue  
Miami Beach, FL 33139**

Mailing Address  
**W-3969  
40 Regatta Real Estate  
628 Sixth Street  
Miami Beach, FL 33139**

**REINSTATEMENT**

**76.00**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-1687396</b>
City & State	City & State	Applied For Not Applicable
Zip	Zip	<b>\$8.75</b> Additional Fee Required
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	<b>TIM VODA</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>628 SIXTH STREET</b>
83	
84 City	<b>Miami Beach FL</b>
	85 Zip Code <b>33139</b>

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: **TIM VODA** DATE: **2/19/00**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>DP Director/President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Toby Rand</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>1740 Jefferson Avenue #10</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>0 VP Director/Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Miriam Segal</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1740 Jefferson Avenue #4</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>DST Director/Secretary, Treas.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>ELVIRA LOPEZ</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1740 Jefferson Avenue #3</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Assistant Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>TIM VODA</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>628 Sixth Street</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>300003172829--9</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-03/16/00--01069--019</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>*****61.25 *****61.25</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>300003172829--9</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>-03/16/00--01069--020</b>
			<b>***1645.00 ***1645.00</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **TIM VODA** DATE: **1/19/2000** DAYTIME PHONE #: **(305) 673 1940**

CR2E037 (11/98)