2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #740294 1. Entity Name



FILED Feb 15, 2008 8:00 am Secretary of State

THE JEFFERSON CONDOMINIUM CORAL SPRINGS ASSOCIATION, INC.					02-15-2008 90	J001 024 ****61	.23
8801-8821	ne of Business NW 38 DR NGS, FL 33065 US	Mailing Address C /O CONDO MANAGEME P P.O. BOX 9796 CORAL SPRINGS, FL 330				: ELDY SULL BLUK SULK SULK	e rekier en keel
		3. Mailing Address	ailing Address P.O. BOX 9796				
Suite, Apt, #, etc.		Suite, Apt. #, etc.			Chg-NP	CR2E037 (12/06))
		City & State	TRAL SPRINGS, FL		4. FEI Number Applied For 59-1803683 Not Applicable		
Zip	Country	Zip 3.3 0.75	Country	5. Certificate	of Status Desired	□ \$8.75 / Fee Requ	
	6. Name and Address of Current	Registered Agent		7. Name and	d Address of New R	egistered Agent	
RYAN, PA	TRICIA		Name				
8801 NW 3	38TH DR PRINGS, FL 33065		Street Address		per is Not Acceptable	3)	
			City			FL Zip C	ode
	named entity submits this statement fo tions of registered agent.	or the purpose of changing its re	egistered office o	r registered agent, or bo	oth, in the State of Flo	orida. I am familiar wi	th, and accept
	*						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signal	ure required when reinstating)		· DATE	<u>.</u>
SIGNATURE	Signature, typed or printed name of registered agent: Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May be Added to Fees		DATE ake check payable ida Department of	State
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May 8 Added to Fees	Flori	ake check payable	State
10. MLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May 8 Added to Fees	Flori	ake check payable	State IN 10
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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 2n address, with all other like empowered.

ALANIATURE

atricia

346-5784