2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#740294

FILED Mar 10, 2009 Secretary of State

Entity Name: THE JEFFERSON CONDOMINIUM CORAL SPRINGS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	NW 38 DR PRINGS, FL 330	65 US				
Current Mailing Address:				New Mailing Address:		
P.O. BOX 9 CORAL SP	9796 PRINGS, FL 330	75 US				
FEI Number:	59-1803683	FEI Number Applied Fo	or () FEI Nu	mber Not Appl	Dlicable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Ag	gent:	Name and	d Address of New Registered Agent:	
6261 N.W. SUITE 103	(AYE & ASSOCI, 6TH WAY ERDALE, FL 333					
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 Registe	ered Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TD () DO RYAN, PATRICIA 8801 NW 38TH DO CORAL SPRINGS	R#303B		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () DO CHIARELLO, THO 8821 NW 38TH DE CORAL SPRINGS	MAS J R 301A		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition SCIRE, THOMAS 8801 NW 38TH DR#101B CORAL SPRINGS, FL 33065	
Title: Name: Address: City-St-Zip:	PD () DO NOLAN, NANCY N 8801 NW 38TH DE CORAL SPRINGS	R APT 304B		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () DO SCIRE, THOMAS 8801 NW 38TH DE CORAL SPRINGS	R 101B		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition CHANDLER, ARMINDA R 8821 NW 38TH DR #304A CORAL SPRINGS, FL 33065	
Title: Name: Address: City-St-Zip:	() Do	elete		Title: Name: Address: City-St-Zip:	D () Change (X) Addition INDELICATO, GREGORY 8801 NW 38TH DR #306B CORAL SPRINGS, FL 33065	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA RYAN TD 03/10/2009