

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746397** (9)
1. Corporation Name
JEFFERSON VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1040 JEFFERSON AVE **1040 JEFFERSON AVE**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1979** 3a. Date of Last Report **06/13/1994**
4. FEI Number **59-2040447** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Summit Prop. Mgmt.** 26 **P.O. Box 189013**
22 **P.O. Box 189013** 27
23 **Plantation FL** 28 **Plantation FL**
24 **33318** 25 **USA** 29 **33318** 30 **USA**

9. Name and Address of Current Registered Agent
REGUEIRA, BETTY D.
1040 JEFFERSON AVE
SUITE 202
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent
81 Name **Summit Property Mgmt.**
82 Street Address (P.O. Box Number is Not Acceptable) **6289 W. Sunrise Blvd.**
83 **# 202**
84 City **Fort Sunrise** FL 85 Zip Code **33315**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	REGINA LITT
STREET ADDRESS	1840 JEFFERSON AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	PO
NAME	CHAPLICK, YULY
STREET ADDRESS	1040 JEFFERSON AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PO
NAME	REGUEIRA, BETTY
STREET ADDRESS	1040 JEFFERSON AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	PO
NAME	GECHMAN, SADIE
STREET ADDRESS	1040 JEFFERSON AVE
CITY-ST-ZIP	MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carmen Rodriguez-Diaz	
2.3 STREET ADDRESS	1810 Jefferson Ave., # 303	
2.4 CITY-ST-ZIP	Miami Beach, FL 33159	
3.1 TITLE	S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Christina Fernandez	
3.3 STREET ADDRESS	1840 Jefferson Ave., # 305	
3.4 CITY-ST-ZIP	Miami Beach, FL	
4.1 TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elba Pozo	
4.3 STREET ADDRESS	1840 Jefferson Ave., #204	
4.4 CITY-ST-ZIP	Miami Beach, FL	
5.1 TITLE	P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Manuel Alonso	
5.3 STREET ADDRESS	1840 Jefferson Ave., #101	
5.4 CITY-ST-ZIP	Miami Beach, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 register 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 as an attachment with an address.

SIGNATURE: *Elba L. Pozo* DATE DAYTIME PHONE #