

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90031 036 ***158.75

DOCUMENT # N02003

1. Entity Name

JEFFERSON SQUARE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1826 WATERBURY LANE
P.O. BOX 953
ORANGE PARK FL 32067-0953

1826 WATERBURY LANE
P.O. BOX 953
ORANGE PARK FL 32067-0953



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2412013

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDDY, PAUL F.
1826 WATERBURY LANE
ORANGE PARK FL 32003

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

☒ Delete
TITLE: D
NAME: MANUEL, PAUL
STREET ADDRESS: 2638 MALIBU CIR
CITY ST ZIP: ORANGE PARK FL

☐ Delete
TITLE: STD
NAME: EDDY, VIRGINIA F.
STREET ADDRESS: 1826 WATERBURY LANE
CITY ST ZIP: ORANGE PARK FL

☐ Delete
TITLE: VP
NAME: PATRICK, BONNE
STREET ADDRESS: 96 SEASIDE CAPERS ROAD
CITY ST ZIP: SAINT AUGUSTINE FL 32084

☐ Delete
TITLE: PD
NAME: EDDY, PAUL
STREET ADDRESS: 1826 WATERBURY LANE
CITY ST ZIP: ORANGE PARK FL 32003

☐ Delete
TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ Delete
TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

☒ Change ☐ Addition

TITLE: VPD
NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ Change ☐ Addition

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NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE:

Paul F. Eddy, Treasurer

4-1-07

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264-
6568