
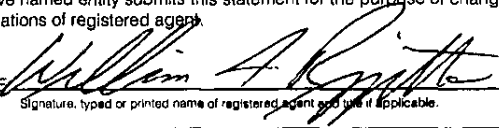
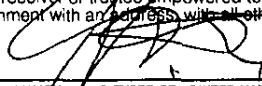


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N07000006280</b> 1. Entity Name <b>JEFFERSON GREEN AT ANTHEM PARK CONDOMINIUM ASSOCIATION, INC.</b>			<b>FILED</b> 09 FEB -9 PM 4:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>2090 CONTINENTAL STREET ST CLOUD, FL 34767</b>		Mailing Address <b>2090 CONTINENTAL STREET ST CLOUD, FL 34767</b>	
2. Principal Place of Business - No P.O. Box # <b>5844 Old Pasco Rd</b>	3. Mailing Address <b>5844 Old Pasco Rd</b>		
Suite, Apt. #, etc. <b>Suite 100</b>	Suite, Apt. #, etc. <b>Suite 100</b>		
City & State <b>Wesley Chapel, FL</b>	City & State <b>Wesley Chapel, FL</b>		
Zip <b>33544</b>	Country <b>USA</b>	Zip <b>33544</b>	Country <b>USA</b>
4. FEI Number <b>26-2749718</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ELLIS, JAMES 5850 T.G. LEE BLVD SUITE 600 ORLANDO, FL 32822</b>		7. Name and Address of New Registered Agent Name <b>Rizzetta &amp; Company, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>5844 Old Pasco Road, Suite 100</b> City <b>Wesley Chapel</b> FL Zip Code <b>33544</b>	
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  <small>Signature, typed or printed name of registered agent and use if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
(Empty row)		P <b>Mark Dearing</b> <b>9456 Philips Highway, Suite 1</b> <b>Jacksonville, FL 32256</b>	
(Empty row)		VP <b>Johnny Hill</b> <b>5850 T.G. Lee Boulevard #600</b> <b>Orlando, FL 32822</b>	
(Empty row)		S/T <b>Lou Avelli</b> <b>5850 T.G. Lee Boulevard, #600</b> <b>Orlando, FL 32822</b>	
(Empty row)		200143189902 02/09/09--01055--019 **122.50	
(Empty row)		(Empty row)	
(Empty row)		(Empty row)	
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 an address, with all other like empowered.			
SIGNATURE: 		Date <b>1-29-09</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	