

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09003 (7)

1. Corporation Name

JEFFERSON SQUARE II ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% PAUL EDDY
1826 WATERBURY LANE
ORANGE PARK FL 32073

% PAUL EDDY
1826 WATERBURY LANE
ORANGE PARK FL 32073

3. Date Incorporated or Qualified **04/30/1985** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

23 28
Zip Country Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**EDDY, PAUL F.
1826 WATERBURY LANE
ORANGE PARK FL 32073**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, PAUL F.		1.2 NAME	
STREET ADDRESS	1826 WATERBURY LANE		1.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL		1.4 CITY - ST - ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWSTER, CORDARY E.		2.2 NAME	
STREET ADDRESS	4677 VERONA AVE.		2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL		2.4 CITY - ST - ZIP	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, VIRGINIA F.		3.2 NAME	
STREET ADDRESS	1826 WATERBURY LANE		3.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL		3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, AL		4.2 NAME	
STREET ADDRESS	1258A MONTICELLO DR.		4.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL		4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			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 receiver 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 on an attachment with an address.

SIGNATURE: *Virginia F. Eddy* VIRGINIA EDDY 4/26/96 264-6568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)