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

Apr 05, 2007 08:00 A Secretary of State DOCUMENT # N09003 1. Entity Name JEFFERSON SQUARE II ASSOCIATION, INC. Principal Place of Business Mailing Address % PAUL EDDY % PAUL EDDY 1826 WATERBURY LANE ORANGE PARK FL 32003 1826 WATERBURY LANE ORANGE PARK FL 32003 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2682854 Not Applicable Ζιp Country Ζιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDDY, PAUL F. Street Address (P.O. Box Number is Not Acceptable) 1826 WATERBURY LANE ORANGE PARK FL 32003 City Zip Codo 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 harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HITCE PD ☐ Detete TITLE ☐ Change Addition NAME EDDY:PAUL F. STREET ADDRESS STREET ADDRESS 1826 WATERBURY LANE CHY-St-70 ORANGE PARK FL CHY-ST-ZIP Delete ☐ Change Addition U00000691868 04/13/07-80028-002 158.75 NAME BREWSTER, CORDARY E. NAM! STREET ADDRESS STREET ADDRESS 4677 VERONA AVE. CITY-ST-ZIP CITY-S1-ZIP JACKSONVILLE FL uin. STD Delete TITLÉ ☐ Change ☐ Addition NAME NAME EDDY, VIRGINIA F. STREET AODRI SS STREET ADDRESS 1826 WATERBURY LANE CITY-S1-7IP CHY-ST-7IP ORANGE PARK FL ☐ Delete HILE □ Change ■ Addition NAM STREET ADDRESS STREET ADDRESS CITY-ST-7JP CHY-SI-7P THE Delete ImE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete THUE ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CHY-ST-7IP

12. I horeby 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or this too 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 all address with all other like empowered

Treasurer

SIGNATURE:

FILED

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