

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90027 040 ****61.25

DOCUMENT # N38749

1. Entity Name
**JEFFERSON CORNERS AT HERITAGE RIDGE
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
**7136 SE OSPREY STREET
HOBE SOUND, FL 33455 US**

Mailing Address
**C/O PRIME MGMT
400 TONEY PENNA DR
JUPITER, FL 33458 US**

40116911



03292007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 2074 W. INDIAN TOWN RD #200		3. Mailing Address C/O PRIME MGMT 2074 W. INDIAN TOWN RD #200	
Suite, Apt. #, etc. #200		Suite, Apt. #, etc. #200	
City & State JUPITER, FL		City & State JUPITER, FL	
Zip 33458	Country	Zip 33458	Country

4. FEI Number 65-0223001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSS, DEBORAH L ESQ. 759 S FEDERAL HWY. STE. 212 STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEMPERILL, JAMES 6262 SE MONTICELLO TERR HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE C. CIOLETTI 6280 S.E. MONTICELLO TERR HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTERS, EARNEST 6246 SE MONTICELLO TERRACE HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOROSSA, ROBERT 6211 SE MONTICELLO TERR HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT LAROSSA 6211 SE MONTICELLO TERR HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP PAUL KEARNEY 6236 SE MONTICELLO TERR HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR RICHARD CONDON 6250 SE MONTICELLO TERR HOBE SOUND, FL 33455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Larossa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07 772-546-4926
Date Daytime Phone #