2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

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JEFFERSON CORNERS AT HERITAGE RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 7136 SE OSPREY STREET

Mailing Address

C/O PRIME MOMT

HOBE SOUNE		400 TONEY PENNA DE JUPITER, FL 33458	US					i ii ais al eisii	II a kiidi	
2. Principal P	Tace of Business - No P.O. Box #	3. Mailing Address OF PRINTE M	lemī							
#Suite, Apt.	#, etc.	Suite, Apt. #, etc. 2074 W. TND 144	. 0	#200	03292007	Chg-NP	CR2E037 (
City & State JUP, TEIR, FL		JUPITER, FL			4. FEI Number 65-0223001			Applicable		
33458 Country		33458	Country				3.75 Addit e Required			
	-6. Name and Address of Current F	Registered Agent -		-	7. Name and	Address of New F	legistered Age	ent		
759 S FED	BORAH L ESQ. DERAL HWY.		Narr		P.O. Box Numbe	D. Box Number is Not Acceptable)				
STE. 212 STUART, I	FL 34994									
			City				FL	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offic	e or register	red agent, or bot	h, in the State of Fi	orida. I am fan	niliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and tritle if applicable. (NO	E: Registered Agent s	ignature required	d when reinstating)		DATE		-	
Filing Fee is \$61.25 9. Election Campaign Financing					\$5.00 May B		lake check p	ayable to		
	Due by May 1, 2007	Trust Fund	Contribution.	` 🗆	Added to Fees	~ Flo	rida Departm	ent of Sta	ate	
	Due by May 1, 2007		• • • • • • • • • • • • • • • • • • • •				•		1	
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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.

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #