

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

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44608**

1. Entity Name  
**JEFFERSON PARK OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**3298 SUMMIT BLVD  
PENSACOLA, FL 32503 US**

Mailing Address  
**P.O. BOX 30018  
PENSACOLA, FL 32503 US**

**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3072539**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STRUBHAR, BURTON E.  
220 W. GARDEN STREET  
SUITE 604  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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 name of registered agent and title if applicable.

(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**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	KRUMEL, VIVIAN
STREET ADDRESS	3298 SUMMIT BLVD., STE 33
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	DVP
NAME	CLEVELAND, CRAWFORD H JR
STREET ADDRESS	3298 SUMMIT BLVD., STE 40
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	DT
NAME	ELLIOTT, THOMAS
STREET ADDRESS	3298 SUMMIT BLVD STE 32
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000629489  
02/19/07-80002-009 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-8-2007*  
Date

*850-435-6916*  
Daytime Phone #