

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

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

01-18-2007 90089 017 ****61.25

DOCUMENT # N93000000887

1. Entity Name
JEFFERSON GROVE OWNERS ASSOCIATION, INC.



Principal Place of Business
**1509 S FLORIDA AVE
LAKELAND, FL 33803**

Mailing Address
**1509 S FLORIDA AVE
LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3151614

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUFFMAN, JAMES
1509 S FLORIDA AVE
LAKELAND, FL 33803**

**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, type or printed name of registered agent and date 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	BO
NAME	COMPARÉTO, FRANK
STREET ADDRESS	1300 JEFFERSON DRIVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	TO T/S
NAME	LUFFMAN, JAMES M
STREET ADDRESS	1204 EASTON DRIVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	P/D
NAME	FRANK BECKER
STREET ADDRESS	2314 NEVADA ROAD
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	D
NAME	BETSY PHILLIPS
STREET ADDRESS	1235 JEFFERSON DRIVE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

1/11/07 863-688-1725
Date Daytime Phone #