

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90008 049 ****61.25

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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**



01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
LUFFMAN, JAMES M
1204 EASTON DRIVE
LAKELAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BEROKER, FRANK BECKER
2314 NEVADA ROAD
LAKELAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHILLIPS, BETSY
1235 JEFFERSON DRIVE
LAKELAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/11/08

Date

863-688-1725

Daytime Phone #