

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003967

FILED
May 04, 2008
Secretary of State

Entity Name: JEFFERSON COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

915 8TH ST
MIAMI BEACH, FL 33139

New Principal Place of Business:

915 8TH ST
MIAMI BEACH, FL 33139

Current Mailing Address:

JEFFERSON COURT
915 8TH STREET
MIAMI BEACH, FL 33139

New Mailing Address:

915 8TH ST
MIAMI BEACH, FL 33139

FEI Number: 65-0459322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARDENAS, YUBRANT
915 8TH STREET
APT 206
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CARDENAS, YUBRANT
915 8TH STREET
UNIT #206
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: _____

05/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SCY (X) Delete
Name: DIAZ, VIRNA
Address: 915 8 ST #102
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: CARDENAS, YUBRANT
Address: 915 8 ST #206
City-St-Zip: MIAMI BEACH, FL 33139

Title: TRE () Delete
Name: STOLLER, ALLYNNE
Address: 915 8TH STREET APT 101
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ZUPPA, MARIA
Address: 915 8TH STREET APT 103
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRE (X) Change () Addition
Name: STOLLER, ALLYNNE
Address: 915 8TH STREET APT 101
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLYNNE STOLLER

TRE

05/04/2008

Electronic Signature of Signing Officer or Director

Date