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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729491 (1)  
1. Corporation Name  
JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.



Principal Place of Business  
16 CHURCH ST  
800 SOUTH TAMMI TRAIL  
OSPREY FL 34229  
US

Mailing Address  
16 CHURCH ST  
800 SOUTH TAMMI TRAIL  
OSPREY FL 34229-8991  
US

3. Date Incorporated or Qualified 06/07/1974  
3a. Date of Last Report 04/17/1996

2. Principal Place of Business  
21 Lighthouse Mgmt. & Realty  
22 16 Church St.  
23 Osprey Fl.  
24 34229  
25 US

2a. Mailing Address  
26 Lighthouse Mgmt. & Realty  
27 16 Church St.  
28 Osprey Fl.  
29 34229  
30 US

4. FEI Number 59-1786896  
Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LIGHHOUSE MANAGEMENT AND REALTY  
16 CHURCH ST  
OSPREY FL 34229

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: J. Lloyd Keith, Managing Agent & Assistant Secretary  
DATE: 4/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	NICHOLSON, ROBERT	1.2 NAME	Rustler, Jerome
STREET ADDRESS	1904 PEBBLE BEACH CT.	1.3 STREET ADDRESS	1824 IRONWOOD CT.
CITY-ST-ZIP	VENICE, FL 00000	1.4 CITY-ST-ZIP	Venice, FL.
TITLE	D	2.1 TITLE	KPD
NAME	SANDERS, ED	2.2 NAME	Beichstetter, Tony
STREET ADDRESS	1002 BLUE WING CT	2.3 STREET ADDRESS	1912 INNISBROOK CT
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, FL
TITLE	SD	3.1 TITLE	S
NAME	CROSS, DARLENE D	3.2 NAME	GOINS, WILLIAM
STREET ADDRESS	1813 PLUM LN	3.3 STREET ADDRESS	1921 Innisbrook Ct.
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	Venice, FL.
TITLE	ASD	4.1 TITLE	D
NAME	KEITH, J. LLOYD	4.2 NAME	BASTA, LARRY
STREET ADDRESS	830 S. TAMMI TRAIL	4.3 STREET ADDRESS	1010 Betsy Ct.
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP	Venice, FL.
TITLE	VPD	5.1 TITLE	D
NAME	MOORE, DOT	5.2 NAME	Queiro, Bill
STREET ADDRESS	1825 IRONWOOD CT	5.3 STREET ADDRESS	929 GONDOLA DR. S.
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	Venice FL.
TITLE	D	6.1 TITLE	D
NAME	GOINS, WILLIAM D	6.2 NAME	Smith, Karol
STREET ADDRESS	1921 INNISBROOK CT	6.3 STREET ADDRESS	1929 INNISBROOK CT.
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	Venice, FL.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. LLOYD KEITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 4-14-97  
DAYTIME PHONE: 941-966-6844

CR2E037 (9/96)

#13

Change  
✓ ~~addit~~

ASD  
Keith, J. Lloyd  
16 Church St.  
Osprey, Fl.