

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729491 (1)**  
 1. Corporation Name  
**JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.**



Principal Place of Business <b>LIGHTHOUSE MGMT. &amp; REALTY 18 CHURCH ST. OSPREY FL 34229 US</b>	Mailing Address <b>LIGHTHOUSE MGMT. &amp; REALTY 18 CHURCH ST. OSPREY FL 34229 US</b>
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3. Date Incorporated or Qualified  
**06/07/1974**

4. FEI Number  
**59-1786896**

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**LIGHTHOUSE MANAGEMENT AND REALTY  
18 CHURCH ST  
OSPREY FL 34229**

10. Name and Address of New Registered Agent

81. Name <b>Tony Deichstetter, Pres.</b>	85. Zip Code <b>34229</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>JACARANDA WEST HOA #1, INC.</b>	
83. City & State <b>16 Church St.</b>	
84. State <b>FL</b>	

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 **Tony Deichstetter, Pres.** DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE <b>PD</b>	NAME <b>RUSTLER, G. JEROME</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1824 IRONWOOD CT.</b>	CITY-ST-ZIP <b>VENICE, FL 00000</b>	
TITLE <b>VPD</b>	NAME <b>DEICHSTETTER, TONY</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1812 INNS BROOK CT.</b>	CITY-ST-ZIP <b>VENICE FL</b>	
TITLE <b>SD</b>	NAME <b>GOINS, WILLIAM</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1921 INNSBROOK CT.</b>	CITY-ST-ZIP <b>VENICE FL</b>	
TITLE <b>D</b>	NAME <b>BASTA, LARRY</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1010 BETSY CT.</b>	CITY-ST-ZIP <b>VENICE FL</b>	
TITLE <b>D</b>	NAME <b>DUEPIG, BILL</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>929 GONDOLA DR. S.</b>	CITY-ST-ZIP <b>VENICE FL</b>	
TITLE <b>D</b>	NAME <b>SMITH, KAROL</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>1929 INNSBROOK CT.</b>	CITY-ST-ZIP <b>VENICE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <b>PD</b>	1.2 NAME <b>Deichstetter Tony</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>1912 INNSBROOK CT.</b>	1.4 CITY-ST-ZIP <b>VENICE FL</b>	
2.1 TITLE <b>VPD</b>	2.2 NAME <b>STUART, ANTHONY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS <b>940 S. DORAL PLANE</b>	2.4 CITY-ST-ZIP <b>VENICE FL</b>	
3.1 TITLE <b>SD</b>	3.2 NAME <b>SMITH, KAROL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS <b>1929 INNSBROOK CT.</b>	3.4 CITY-ST-ZIP <b>VENICE FL</b>	
4.1 TITLE <b>D</b>	4.2 NAME <b>BASTA, LARRY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <b>1010 BETSY CT.</b>	4.4 CITY-ST-ZIP <b>VENICE, FL</b>	
5.1 TITLE <b>D</b>	5.2 NAME <b>CROSS, DARLENE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS <b>1813 PLUM LANE</b>	5.4 CITY-ST-ZIP <b>VENICE, FL</b>	
6.1 TITLE <b>ASB</b>	6.2 NAME <b>Keith Lloyd</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.3 STREET ADDRESS <b>16 Church Street</b>	6.4 CITY-ST-ZIP <b>OSPREY FL</b>	

14. I 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: **[Signature]** DATE: **3-18-98** TELEPHONE: **941 966 6844**

SHOW NAME AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)