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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 729491

1. Corporation Name

JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.

Principal Place of Business

LIGHTHOUSE MGMT. & REALTY 16 CHURCH ST. OSPREY FL 34229 US

Mailing Address

LIGHTHOUSE MGMT. & REALTY 16 CHURCH ST. OSPREY FL 34229 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

06/07/1974

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

9. Name and Address of Current Registered Agent

DEICHSTETTER, TONY JACARANDA WEST HOA #1, INC. 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

FL

85 Zip Code

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 ASST SEC

2/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD NAME STUART, ANTHONY STREET ADDRESS 940 S. DORAL LANE CITY-ST-ZIP VENICE FL

TITLE PD NAME DEICHSTETTER, TONY STREET ADDRESS 1912 INNIS BROOK CT. CITY-ST-ZIP VENICE FL

TITLE D NAME CROSS, DARLENE STREET ADDRESS 1813 PLUM LANE CITY-ST-ZIP VENICE FL

TITLE TD NAME BASTA, LARRY STREET ADDRESS 1010 BETSY CT. CITY-ST-ZIP VENICE FL

TITLE D NAME DUEPIG, BILL STREET ADDRESS 929 GONDOLA DR. S. CITY-ST-ZIP VENICE FL

TITLE SD NAME SMITH, KAROL STREET ADDRESS 1929 INNISBROOK CT. CITY-ST-ZIP VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JAECK, WILLIAM 1.2 NAME 1.3 STREET ADDRESS 1937 COVE POINTE DR 1.4 CITY-ST-ZIP VENICE, FL 34293

2.1 TITLE NGUMAN, PATRICIA 2.2 NAME 2.3 STREET ADDRESS 856 COUNTRY CLUB CIRCLE 2.4 CITY-ST-ZIP VENICE, FL 34293

3.1 TITLE SHAND, ROBERT 3.2 NAME 3.3 STREET ADDRESS 884 COUNTRY CLUB CIRCLE 3.4 CITY-ST-ZIP VENICE, FL 34293

4.1 TITLE CLARK, RICHARD 4.2 NAME 4.3 STREET ADDRESS 937 E. KATHY COURT 4.4 CITY-ST-ZIP VENICE, FL 34293

5.1 TITLE ASSIST. SEC. 5.2 NAME J. LLOYD KEITH 5.3 STREET ADDRESS 16 CHURCH ST, OSPREY FL 34229 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99

Date

941 966 6844

Daytime Phone #

CR2E037 (1/198)