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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90058 047 \*\*\*\*61.25

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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

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** 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** ☐ DELETE  
NAME **STUART, ANTHONY**  
STREET ADDRESS **940 S. DORAL LANE**  
CITY-ST-ZIP **VENICE FL**

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

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

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

TITLE **D** ☐ DELETE  
NAME **DUEPIG, BILL**  
STREET ADDRESS **929 GONDOLA DR. S.**  
CITY-ST-ZIP **VENICE FL** **(CORRECTION)**

TITLE **SD** ☒ DELETE  
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 **JACK, WILLIAM** ☐ Change ☒ Addition  
1.2 NAME **1937 COVE POINTE DR**  
1.3 STREET ADDRESS **VENICE, FL 34293**  
1.4 CITY-ST-ZIP

2.1 TITLE **NEWMAN, PATRICIA** ☐ Change ☒ Addition  
2.2 NAME **886 COUNTRY CLUB CIRCLE**  
2.3 STREET ADDRESS **VENICE, FL 34293**  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-8-99**

**941 966 6844**

CR2E037 (1/98)