

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90023 020 ****61.25

DOCUMENT # 729491

1. Entity Name

JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.

Principal Place of Business

Mailing Address

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

LIGHTHOUSE MGMT. & REALTY
 16 CHURCH ST.
 OSPREY FL 34229-9349
 US

00010010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1786896

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEICHSTETTER, TONY
 JACARANDA WEST HOA #1, INC.
 16 CHURCH ST
 OSPREY FL 34229

Name **Robert Shand**
 Street Address (P.O. Box Number is Not Acceptable) **Jacaranda West HOA #1, Inc.**
16 Church St.
 City **Osprey** **FL** Zip Code **34229**

8. 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 **Robert E. Shand** **Treasurer**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
|---|---|
| TITLE: VPD <input type="checkbox"/> Delete NAME: STUART, ANTHONY STREET ADDRESS: 940 S. DORAL LANE CITY-ST-ZIP: VENICE FL | TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STUART, ANTHONY STREET ADDRESS: 940 S. DORAL LANE CITY-ST-ZIP: VENICE FL 34293 |
| TITLE: PD <input checked="" type="checkbox"/> Delete NAME: DEICHSTETTER, TONY STREET ADDRESS: 1912 INNIS BROOK CT. CITY-ST-ZIP: VENICE FL | TITLE: DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Duerig, Bill STREET ADDRESS: 929 GONDOLA AVE. CITY-ST-ZIP: VENICE, FL 34293 |
| TITLE: D <input type="checkbox"/> Delete NAME: JAECK, WILLIAM STREET ADDRESS: 1937 COVE POINTE DR CITY-ST-ZIP: VENICE FL 34293 | TITLE: DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: DAVIDSON, Peggy STREET ADDRESS: 1009 Kings Ct. CITY-ST-ZIP: Venice FL 34293 |
| TITLE: TD <input checked="" type="checkbox"/> Delete NAME: NEWMAN, PATRICIA STREET ADDRESS: 886 COUNTRY CLUB CIRCLE CITY-ST-ZIP: VENICE FL 34293 | TITLE: DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SHAND, Robert STREET ADDRESS: 884 Country Club Circle CITY-ST-ZIP: Venice, FL 34293 |
| TITLE: D <input type="checkbox"/> Delete NAME: DUERIG, BILL STREET ADDRESS: 929 GONDOLA DR. S. CITY-ST-ZIP: VENICE FL | TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: CLARK, Richard STREET ADDRESS: 937 E. KATHY CT. CITY-ST-ZIP: Venice, FL 34293 |
| TITLE: SD <input type="checkbox"/> Delete NAME: SHAND, ROBERT STREET ADDRESS: 884 COUNTRY CLUB CIRCLE CITY-ST-ZIP: VENICE FL 34293 | TITLE: AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Keith, Lloyd STREET ADDRESS: 16 Church St. CITY-ST-ZIP: Osprey, FL 34229 |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT E. SHAND, Treasurer** Date **April 12-2000** Daytime Phone #

CR2E037 (9/99)