


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90292 008 \*\*\*\*61.25

<b>DOCUMENT # 729491</b> 1. Entity Name <b>JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.</b>					
Principal Place of Business <b>LIGHTHOUSE MGMT. &amp; REALTY</b> <b>16 CHURCH ST.</b> <b>OSPREY, FL 34229 US</b>			Mailing Address <b>LIGHTHOUSE MGMT. &amp; REALTY</b> <b>16 CHURCH ST.</b> <b>OSPREY, FL 34229 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JAECK, WILLIAM</b> <b>JACARANDA WEST HOA #1, INC.</b> <b>16 CHURCH ST</b> <b>OSPREY, FL 34229</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD VPO DAYTON, BRUCE <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1612 E. CYPRESS PT DR		NAME		
STREET ADDRESS	VENICE, FL 34293		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D CONSON, CLIFTON <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1806 PLUM LN		NAME	CARSON, CLIFTON	
STREET ADDRESS	VENICE, FL 34293		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DT JAECK, WILLIAM <input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1937 COVE POINTE DR		NAME	CHRISTINE WILSON	
STREET ADDRESS	VENICE, FL 34293		STREET ADDRESS	2070 OAKRIDGE CR	
CITY-ST-ZIP			CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D CLARK, RICHARD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	937 E KATHY CT		NAME		
STREET ADDRESS	VENICE, FL 34293		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DP DUEBIG, BILL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	929 GONDOLA DR. S.		NAME		
STREET ADDRESS	VENICE, FL 34293		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: <u>William C. Jaek William C. Jaek</u> 4/20/05 941-492-9147</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					