

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90005 046 \*\*\*\*61.25

**DOCUMENT # 731330**

1. Entity Name  
**TOWNHOUSES AT JACARANDA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 8201 NW ~~9TH STREET~~  
 PLANTATION, FL 33324

Mailing Address  
 8201 NW ~~9TH STREET~~  
 PLANTATION, FL 33324

**54065955**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**8201 NW 8 street**

3. Mailing Address  
**8201 NW 8 street**  
 Suite, Apt. #, etc.

City & State  
**PLANTATION FL**

City & State  
**PLANTATION FL**

Zip  
**33324**

Country  
**USA**

Zip  
**33324**

Country

07222004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1602682**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LINDIE, BETH G**  
**315 S.E. 7TH STREET**  
**SUITE 300**  
**FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**Filing Fee is \$61.25 Due by September 8, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete <b>FABARA, LESILE</b> 869 NW 80TH TERR PLANTATION, FL 33324	TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vishnu SHARMA</b> 871 NW 81 Terrace PLANTATION FL 33324
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>ESTHER, LEACOCK</b> 8236 NW 9TH COURT PLANTATION, FL 33324	TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Prentis Johnson</b> 8205 NW 9 court PLANTATION FL 33324
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>HAZAN, CAROL</b> 8234 NW 9TH CT PLANTATION, FL 33324	TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bryan Sklar</b> 847 NW 81 WAY PLANTATION FL 33324
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete <b>STAHL, JAY</b> 8228 NW 9TH COURT PLANTATION, FL 33324	TITLE <del>Same Secretary</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Janet Kickerbacker</b> 862 NW 81 Terrace PLANTATION FL 33324
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete <b>KALECKY, BEN</b> 850 NW 81ST AVE. PLANTATION, FL 33324	TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Elliott Schertzer</b> 8247 NW 9 Court PLANTATION FL 33324
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete <b>WHITAKER, DOUGLAS</b> 878 NW 81ST WAY PLANTATION, FL 33324	TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sharna Buchanan</b> 8183 NW 8 MANDR PLANTATION FL 33324

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 another like empowered.

**SIGNATURE:** *Janet Kickerbacker, Secy* **7-27-04 954-472-2283**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #