

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90386 049 \*\*\*\*61.25

**DOCUMENT # 731330**  
 1. Entity Name  
**TOWNHOUSES AT JACARANDA CONDOMINIUM ASSOCIATION, INC.**



40057076



Principal Place of Business  
 8201 NW 8TH STREET  
 PLANTATION, FL 33324

Mailing Address  
 8201 NW 8TH STREET  
 PLANTATION, FL 33324

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03162006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
 59-1602682

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHARMA, VISHNU	
STREET ADDRESS	871 NW 81 TERRANCE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PRENTIS H JR	
STREET ADDRESS	8205 NW 9 COURT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SKLAR, BRYAN	
STREET ADDRESS	847 NW 81 WAY	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRAHM, STEVE	
STREET ADDRESS	8218 NW 9TH CT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALOMON, EMANUEL	
STREET ADDRESS	861 NW 81ST TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICKENBACKER, JANET	
STREET ADDRESS	862 NW 81 TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darcy Williams	
STREET ADDRESS	8238 Nw 8 Court	
CITY-ST-ZIP	Plantation FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ben Odebralski	
STREET ADDRESS	837 Nw 80 Way	
CITY-ST-ZIP	Plantation FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Scott	
STREET ADDRESS	8198 Nw 8 Manor	
CITY-ST-ZIP	Plantation FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **4-10-06** **954-6661-6619**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
40057076  
#731330

MK4-12-06

TOWNHOUSES AT JACARANDA  
 8201 NW 8th Street  
 Plantation, Florida 33324  
 Phone 954-472-2283 Fax 954-472-3857

Invoice No.

**INVOICE**

**Customer**

Name Florida Department of State  
 Address Division of Corporations PO Box 1500  
 City Tallahassee State FL ZIP 32302-1500  
 Phone \_\_\_\_\_

**Misc**

Date 4-7-06  
 Order No. \_\_\_\_\_  
 Rep \_\_\_\_\_  
 FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
1	2006 Not-for-Profit Corporation Annual Report		\$61.25

**PAID**  
 APR 19 2006  
**CHECK # 3780**

Please make check payable to:  
Florida Department of State

**Payment**  Check

Comments Payable upon receipt

Name \_\_\_\_\_  
 CC # \_\_\_\_\_  
 Expires \_\_\_\_\_

SubTotal	
Shipping	
<b>TOTAL</b>	<b>\$61.25</b>

Office Use Only

Thank you!

**CHART OF ACCTS**

**DESC** Fl Corp Annual Report

**RES**  **OPER**  **S/A**

**COST** \$61.25

**ACCT#** 7027-000 taxes/permits/fees

**APPR.** [Signature]

