

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

**FILED**

**Feb 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 732720 (8)**  
1. Corporation Name  
**THE VILLAGE TOWNHOUSES-JACARANDA, INC.**



Principal Place of Business Mailing Address

**% DIVERSIFIED MANAGEMENT SERVICES**  
8457 W. OAKLAND PARK BLVD.  
SUNRISE FL 33351  
US

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8457 W. OAKLAND PARK BLVD.  
SUNRISE FL 33351  
US

3. Date Incorporated or Qualified  
**05/09/1975**

4. FEI Number **59-1724350**

Applied For  
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**KAYE & ROGER, P.A.**  
6261 NW 6TH WAY  
SUITE 103  
FT. LAUDERDALE FL 33309

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRAZER, DIANE</b>	
STREET ADDRESS	<b>415 N UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, IRA</b>	
STREET ADDRESS	<b>435 N UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEFFEWE, WILLIAM</b>	
STREET ADDRESS	<b>451 N UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FORRESTER, CRAIG</b>	
STREET ADDRESS	<b>457 N UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADEN, LYNN</b>	
STREET ADDRESS	<b>609 N UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOVERIN, DONNA</b>	
STREET ADDRESS	<b>587 N UNIVERSITY DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: \_\_\_\_\_ DATE: **2/17/98** (954)5721880

CR2E037 (10/97)

**BOARD OF DIRECTORS  
DATA SHEET**

Revised: January 20, 1998  
 Association: Village TownHouses at Jacaranda 115 Units  
 Board Meeting Held: 2<sup>nd</sup> Thursday Every Other Month  
 Annual Meeting Held: April 1 - 4 PM RECONVENED TO 7 PM  
 Address: University Drive  
Plantation, FL, 33324  
 Mailing Address: c/o Diversified Management Services  
P.O. Box 451418  
Sunrise, FL 33345-1418  
 Property Manager: RALPH WATERS  
 Phone: 572-1880 FAX: 572-6690

NAME	HOME TELEPHONE	WORK TELEPHONE	ADDRESS	TERM	TITLE
Lewis, Ira	424-2194 Fax: 424-9608	Beeper: 417-6428	435 N. University Dr.	2 yr. Exp.	Pres.
Braden, Lynn	424-0855		609 N. University Dr.	1 yr. Exp.	Dir.
Forester, Craig	236-2720		457 N. University Dr.	1 yr. Exp.	Secy.
Frazer, Diane	473-4808	713-3060	415 N. University Dr.	2 yr. Exp.	Treas.
Leffew, William	423-9060 Unlisted	228-0877	451 N. University Dr.	1 yr.	V.P.
Loverin, Donna		970-8071	587 N. University Dr.	1 yr.	Director
Webster, Laura		236-0390	559 N. University Dr.	1 yr.	Alternate
Bergell, Aaron	424-7306		417 N. University Dr.	1 yr.	Alternate

Assessment: Varies Due: 1st of mo. Late: 15/\$25.00 Interest: Highest  
 Legal: Kaye & Roger, P.A. Telephone: 954-928-0680  
6261 NW 6th Way, Ste. 103 Fax: 954-772-0319  
Ft. Lauderdale, FL 33309 Attny: Randall K. Roger  
 Insurance: Poe & Brown Telephone: 800-433-0104  
 Agent: Jay Smith Fax: 561-686-2313  
 Janitorial: Masters Touch Rep.: Kim Lottermann Telephone: 216-7930 Fax: 561-447-7989  
 Lawn Maintenance: D.C. Miller BP 928-5628 Telephone: 472-4434 Fax: 472-0617  
 Irrigation: F & S Enterprises Telephone: 572-4930 Fax: 572-5150  
 Lake: Acqua Jet (Steve Weinsier) Telephone: 452-0386 Fax: 452-0387  
 Pool: Advanced Pools Telephone: 733-8441 Fax: 733-8442  
 Electric: Al Seifert Electric Telephone: 493-9411 Fax: 493-8855  
 Pest Control: Aim Pest Control Telephone: 748-1448 Fax: 748-2585  
 Termite: Orkin -contract on a couple bldgs.  
 Termite: Dead Bug Edwards Telephone: 583-7766 Fax: 583-1282  
 Screenings: 3<sup>rd</sup> Saturday @ 10:00 a.m. (Contact Joe Montgomery)  
 Combo Pool Lock Fence: 435