


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90091 030 \*\*\*\*61.25

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 732720**

1. Corporation Name  
**THE VILLAGE TOWNHOUSES-JACARANDA, INC.**

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| Principal Place of Business<br>% DIVERSIFIED MANAGEMENT SERVICES<br>8457 W. OAKLAND PARK BLVD.<br>SUNRISE FL 33351<br>US | Mailing Address<br>% DIVERSIFIED MANAGEMENT SERVICES<br>8457 W. OAKLAND PARK BLVD.<br>SUNRISE FL 33351<br>US |
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|--------------------------------------|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 P.O. Box 451418 | 3. Date Incorporated or Qualified<br>05/09/1975   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27                 | 4. FEI Number<br>59-1724350   |
| City & State<br>23                   | City & State<br>28 Sunrise, Florida       | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25 USA                         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent<br><br>KAYE & ROGER, P.A.<br>6261 NW 6TH WAY<br>SUITE 103<br>FT. LAUDERDALE FL 33309 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>FRAZER, DIANE<br>415 N UNIVERSITY DR<br>PLANTATION FL <input checked="" type="checkbox"/> DELETE    | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | D<br>SMITH, ROBERT<br>439 N. University Drive<br>Plantation, Fl. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LEWIS, IRA<br>435 N UNIVERSITY DR<br>PLANTATION FL <input type="checkbox"/> DELETE                  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | D<br>GENGARELLY, HOWARD<br>517 N. University Drive<br>Plantation, Fl. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>LEFFEY, WILLIAM<br>451 N UNIVERSITY DR<br>PLANTATION FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | DS<br>WEBSTER, LAURA<br>559 N. University Drive<br>Plantation, Fl. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>FORRESTER, CRAIG<br>457 N UNIVERSITY DR<br>PLANTATION FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRADEN, LYNN<br>609 N UNIVERSITY DR<br>PLANTATION FL <input type="checkbox"/> DELETE                 | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOVERIN, DONNA<br>587 N UNIVERSITY DR<br>PLANTATION FL <input type="checkbox"/> DELETE               | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |

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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 3/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)