

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90286 042 ****61.25

DOCUMENT # 732720			
1. Entity Name THE VILLAGE TOWNHOUSES-JACARANDA, INC.			
Principal Place of Business C/O UNITED COMMUNITY MGNT 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065 US		Mailing Address C/O UNITED COMMUNITY MGNT 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business 11784 W. Sample Rd Suite, Apt. #, etc.		3. Mailing Address 11784 W. Sample Rd Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33065		Zip 33065	
Country		Country	
4. FEI Number 59-1724350		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGNT 3300 UNIVERSITY DRIVE SUITE 405 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: United Community mgnt corp. Street Address (P.O. Box Number is Not Acceptable): 11784 W. Sample Road Coral Springs FL 33065	
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: <u>Renie Kottawas VP Finance United Comm mgnt.</u> 3/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, JONATHAN	NAME	
STREET ADDRESS	461 NORTH UNIVERSITY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JOE	NAME	
STREET ADDRESS	615 N. UNIVERSITY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL, DAN	NAME	
STREET ADDRESS	441 NORTH UNIVERSITY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREPS, JOE	NAME	
STREET ADDRESS	625 NORTH UNIVERSITY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERAGINE, MICHEAL	NAME	D Maina, claudine
STREET ADDRESS	539 N. UNIVERSITY DR	STREET ADDRESS	617 N. UNIVERSITY DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VD LEWIS, IRA
STREET ADDRESS		STREET ADDRESS	435 N. UNIVERSITY DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	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)(j), 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: <u>[Signature]</u>		Date: 3/31/05 Daytime Phone #: 305-972-7380	