


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

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751756 (8)**  
 1. Corporation Name  
**FOUNTAINS OF JACARANDA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 7771 W. OAKLAND PARK BLVD., SUITE 201 FT. LAUDERDALE FL 33351	Mailing Address 7771 W. OAKLAND PARK BLVD., SUITE 201 FT. LAUDERDALE FL 33351
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3. Date Incorporated or Qualified  
**03/27/1980**

4. FEI Number <b>59-2032588</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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

**WEINBERG, STEVE**  
**8000 PETERS RD**  
**FT LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKIN, DAVID	1.2 NAME	
STREET ADDRESS	101 SW 96TH TERR #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOGNA, THERESA	2.2 NAME	
STREET ADDRESS	101 SW 96TH TERR #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HOCHMAN, DEBORAH</del> <i>Wanda ?</i>	3.2 NAME	<i>Deutsch, Wanda</i>
STREET ADDRESS	141 SW 9TH TERR #201	3.3 STREET ADDRESS	<i>140 S.W. 96th Terr. # 202</i>
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	<i>Plantation, Fla.</i>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THOMAS V.	4.2 NAME	
STREET ADDRESS	121 SW 96TH TERRACE 105	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LEE, MARLENE K.</del> <i>Jo</i>	5.2 NAME	<i>Josh Simons</i>
STREET ADDRESS	141 SW 96TH TERRACE 101	5.3 STREET ADDRESS	<i>140 S.W. 96th Terr. # 306</i>
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	<i>Plantation, Fla.</i>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JAMES	6.2 NAME	
STREET ADDRESS	141 SW 96TH TERRACE #306	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	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: *David R. Hinkin* **DAVID R. HINKIN** 1/26/98

CR2E037 (10/97)