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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90047 031 \*\*\*\*61.25

0039673

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 751756**

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



122399-90047-31

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**03/27/1980**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-2032588**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

**P**  
 NAME **HINKIN, DAVID**  
 STREET ADDRESS **101 SW 96TH TERR #201**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE  DELETE

**T**  
 NAME **SCOGNA, THERESA**  
 STREET ADDRESS **101 SW 96TH TERR #204**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE  DELETE

**VP**  
 NAME **DEUTSCH, WANDA**  
 STREET ADDRESS **140 S.W. 96TH TERR, #202**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE  DELETE

**D**  
 NAME **SMITH, THOMAS V.**  
 STREET ADDRESS **121 SW 96TH TERRACE 105**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE  DELETE

**S**  
 NAME **SIMONS, JOSH**  
 STREET ADDRESS **140 S.W. 96TH TERR, #306**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE  DELETE

**D**  
 NAME **WARD, JAMES**  
 STREET ADDRESS **141 SW 96TH TERRACE #306**  
 CITY-ST-ZIP **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

**VICE PRES.**  
 NAME **HINKIN, DAVID**  
 STREET ADDRESS **101 S.W. 96 TERR #201**  
 CITY-ST-ZIP **PLANTATION FL 33324**

2.1 TITLE  Change  Addition

**DIRECTOR**  
 NAME **SCOGNA THERESA**  
 STREET ADDRESS **101 S.W. 96 TERR #204**  
 CITY-ST-ZIP **PLANTATION FL 33324**

3.1 TITLE  Change  Addition

**SECRETARY**  
 NAME **DEUTSCH, WANDA**  
 STREET ADDRESS **140 S.W. 96 TERR #202**  
 CITY-ST-ZIP **PLANTATION FL 33324**

4.1 TITLE  Change  Addition

**TREASURER**  
 NAME **SMITH, THOMAS**  
 STREET ADDRESS **121 S.W. 96 TERR #105**  
 CITY-ST-ZIP **PLANTATION FL 33324**

5.1 TITLE  Change  Addition

**DIRECTOR**  
 NAME **TOMASINI, ROLANDO**  
 STREET ADDRESS **141 S.W. 96 TERR #207**  
 CITY-ST-ZIP **PLANTATION FL 33324**

6.1 TITLE  Change  Addition

**PRESIDENT**  
 NAME **WARD, JAMES**  
 STREET ADDRESS **141 S.W. 96 TERR #306**  
 CITY-ST-ZIP **PLANTATION FL 33324**

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:

**Wanda Deutch**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Wanda Deutch**  
 DATE: 01/23/99 (954) 423-4242  
 Daytime Phone #

CR2E037 (1/198)