

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90370 001 \*\*\*\*32.62  
 03-14-2002 90370 002 \*\*\*\*28.63

**DOCUMENT # 751756**

1. Entity Name  
**FOUNTAINS OF JACARANDA CONDOMINIUM ASSOCIATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>9650 WEST BROWARD BLVD<br/>         FORT LAUDERDALE FL 33324</b> | Mailing Address<br><b>9650 WEST BROWARD BLVD<br/>         FORT LAUDERDALE FL 33324</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip Country   | Zip Country                               |



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 4. FEI Number<br><b>59-2032588</b>                        | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |

6. Name and Address of Current Registered Agent

**PATE, JOHN**  
**120S 96TH TERRAC #101**  
**FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

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

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

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <input type="checkbox"/> Delete            |
| <b>HINKIN, DAVID</b><br><b>101 SW 96TH TERR #201</b><br><b>PLANTATION FL 33324</b>           | <input type="checkbox"/>                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <input type="checkbox"/> Delete            |
| <b>PD PATE, JOHN</b><br><b>120 S.W. 96TH TERRACE</b><br><b>FORT LAUDERDALE FL 33324</b>      | <input type="checkbox"/>                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <input checked="" type="checkbox"/> Delete |
| <b>VPD DEUTSCH, WANDA</b><br><b>140 S.W. 96TH TERR, #202</b><br><b>PLANTATION FL 33324</b>   | <input checked="" type="checkbox"/>        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <input type="checkbox"/> Delete            |
| <b>SD NEAL, GERALD</b><br><b>121 S. S.W. 96TH TERRACE</b><br><b>FORT LAUDERDALE FL 33324</b> | <input type="checkbox"/>                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <input checked="" type="checkbox"/> Delete |
| <b>TD LANDAU, SEYMOUR</b><br><b>141 S.W. 96TH TERRACE</b><br><b>FORT LAUDERDALE FL 33324</b> | <input checked="" type="checkbox"/>        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | <input checked="" type="checkbox"/> Delete |
| <b>AS LEE, MARLENE</b><br><b>141 S.W. 96TH TERRACE</b><br><b>FORT LAUDERDALE FL 33324</b>    | <input checked="" type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|   |  |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>VPD Newton, Carol</b><br><b>140 SW 96th Terrace</b><br><b>Plantation, FL 33324</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TD Steinbach, David</b><br><b>141 SW 96th Terrace</b><br><b>Plantation, FL 33324</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>AS Covert, Ralph</b><br><b>140 SW 96th Terrace</b><br><b>Plantation, FL 33324</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 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:  **2/28/02** (954) 423-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)