


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90058 012 ****61.25

DOCUMENT # 751756			
1. Entity Name FOUNTAINS OF JACARANDA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9650 WEST BROWARD BLVD FORT LAUDERDALE, FL 33324		Mailing Address 9650 WEST BROWARD BLVD FORT LAUDERDALE, FL 33324	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>10 Landmark Management</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>1941 NW 150th Ave</i>	
City & State		City & State <i>Pembroke Pines, FL</i>	
Zip	Country	Zip	Country
<i>33028</i>		<i>33028</i>	<i>USA</i>
4. FEI Number 59-2032588		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 BAKALAR & EICHNER, P.A. 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
		FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKOWITZ, IRWIN R	NAME	Judith Stocks
STREET ADDRESS	101 SW 96 TERR	STREET ADDRESS	120 SW 96 Terr #104
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Plantation FL 33324
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOONIN, GEOFFREY	NAME	LJ Foley
STREET ADDRESS	141 SW 96 TERR	STREET ADDRESS	140 SW 96 Terr #307
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Plantation FL 33324
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	(P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLESPIE, LESLEY	NAME	Sheila Maillet
STREET ADDRESS	101 SW 96 TERR 104	STREET ADDRESS	141 SW 96 Terr #205
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Plantation FL 33324
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, CAROL	NAME	TOM LEEDER
STREET ADDRESS	140 SW 96 TERR 108	STREET ADDRESS	121 SW 96 Terr # 403
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Plantation FL 33324
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAILLEY, SHEILA	NAME	Ronni Taylor
STREET ADDRESS	141 SW 96 TERR. #205	STREET ADDRESS	121 SW 96 Terr #202
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Plantation FL 33324
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, JOHN	NAME	Kevin Klopp
STREET ADDRESS	120 SW 96 TERR 101	STREET ADDRESS	140 SW 96 Terr #
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	Plantation FL 33324
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>LJ Foley</i>		SIGNATURE: <i>LJ Foley - Secretary</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/15/2008</i>	
		Daytime Phone #	