

FILED
Apr 28, 1999 8:00 am
Secretary of State

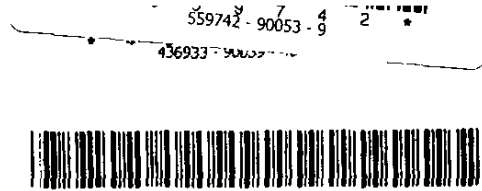
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753229

1. Corporation Name
VALMORAL TOWNHOUSES AT JACARANDA, INCORPORATED

Principal Place of Business 11019 W. BROWARD BLVD. PLANTATION FL 33324	Mailing Address 11019 W. BROWARD BLVD. PLANTATION FL 33324
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2. Principal Place of Business 21 11021 W. BROWARD BLVD. Suite, Apt. #, etc.	2a. Mailing Address 26 11021 W. BROWARD BLVD. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/02/1980
22 City & State 23 PLANTATION FLA	27 City & State 28 PLANTATION FLA	4. FEI Number 65-0007823 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 33324 Country 25 U.S.A.	29 33324 Country 30 U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent HOLT, LINDA 11019 W. BROWARD BOULEVARD PLANTATION FL 33324		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

81 Name RAMON RIOS
82 Street Address (P.O. Box Number is Not Acceptable) 11021 W. BROWARD BLVD.
83
84 City PLANTATION
85 Zip Code FL 33324

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 *Ramon Rios* **RAMON RIOS PRESIDENT** **4/25/99**
Signature, typed or printed name of registered agent and date if applicable. (If JTE: Registered Agent signature required when relevant.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLT, LINDA		1.2 NAME RAMON RIOS	
STREET ADDRESS 11019 W. BROWARD BLVD.		1.3 STREET ADDRESS 11021 W. BROWARD BLVD.	
CITY-ST-ZIP PLANTATION FL		1.4 CITY-ST-ZIP PLANTATION FL 33324	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE SHERRI GUARDINO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEBOWITZ, DAVID		2.2 NAME 11029 W. BROWARD BLVD	
STREET ADDRESS 11015 W. BROWARD BLVD.		2.3 STREET ADDRESS PLANTATION FL 33324	
CITY-ST-ZIP PLANTATION FL		2.4 CITY-ST-ZIP SECRETARY D	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VICEPRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLT, LINDA		3.2 NAME DAVID LEBOWITZLEIBOWITZ	
STREET ADDRESS 11019 W. BROWARD BLVD.		3.3 STREET ADDRESS 11015 W. BROWARD BLVD	
CITY-ST-ZIP PLANTATION FL		3.4 CITY-ST-ZIP PLANTATION FL 33324	
TITLE DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL, LAURA		4.2 NAME	
STREET ADDRESS 11025 W. BROWARD BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Ramon Rios* **SIGNATURE REQUIRED RAMON RIOS** **4/25/99 (954) 351-7887**
Signature and typed or printed name of signing officer or director. Date Daytime Phone 1

CR2E037 (11/98)