

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:53

DOCUMENT # 755666 (5)

1. Corporation Name

JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O KEYS-CALDWELL PROPERTY MGT.
250 W TAMPA AVE
VENICE FL 34285

C/O KEYS-CALDWELL PROPERTY MGT.
250 W TAMPA AVE
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/24/1980** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-2274795** Applied For
Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

25 Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALDWELL, ANNETTE K.
KEYS-CALDWELL PROPERTY MGT.
250 W TAMPA AVE
VENICE FL 34285**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~STD~~
NAME **VAN NESS, JACK**
STREET ADDRESS **839 COUNTRY CLUB CIR.**
CITY - ST - ZIP **VENICE FL**

TITLE **D**
NAME **HARTMAN, CY**
STREET ADDRESS **829 COUNTRY CLUB CIR.**
CITY - ST - ZIP **VENICE FL**

TITLE ~~D~~
NAME **BYRNES, WILLIAM**
STREET ADDRESS **826 COUNTRY CLUB CIR.**
CITY - ST - ZIP **VENICE FL**

TITLE ~~PD~~
NAME ~~MCMANON, PAUL~~
STREET ADDRESS ~~804 COUNTRY CLUB CIRCLE~~
CITY - ST - ZIP ~~VENICE FL~~

TITLE **VD**
NAME **GUTOWSKI, JOSEPH**
STREET ADDRESS **847 COUNTRY CLUB CIRCLE**
CITY - ST - ZIP **VENICE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE **TD** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **7** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **SD** Change Addition
4.2 NAME **GALLIPEAU DORS**
4.3 STREET ADDRESS **853 COUNTRY CLUB CIRCLE**
4.4 CITY - ST - ZIP **VENICE FL**

5.1 TITLE **VD** Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William G. Byrnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95
Date

813-484-6108
Telephone No.