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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755666 (5)
 1. Corporation Name
JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O KEYS-CALDWELL PROPERTY MGT. 250 W TAMPA AVE VENICE FL 34285	Mailing Address C/O KEYS-CALDWELL PROPERTY MGT. 250 W TAMPA AVE VENICE FL 34285
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3. Date Incorporated or Qualified 12/24/1980	
4. FEI Number 59-2274795	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
CALDWELL, ANNETTE K.
KEYS-CALDWELL PROPERTY MGT.
250 W TAMPA AVE
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, DOROTHY	
STREET ADDRESS	817 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTMAN, CY	
STREET ADDRESS	829 COUNTRY CLUB CIR.	
CITY-ST-ZIP	VENICE FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	KAPKE, FRANKLIN	
STREET ADDRESS	827 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANNESS, JACK	
STREET ADDRESS	839 COUNTRY CLUB CR	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTOWSKI, JOSEPH	
STREET ADDRESS	847 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jane Anderson	
1.3 STREET ADDRESS	811 Country Club Circle	
1.4 CITY-ST-ZIP	Venice, FL 34293	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jack Van Ness	
3.3 STREET ADDRESS	839 Country Club Circle	
3.4 CITY-ST-ZIP	Venice, FL 34293	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joe Gutowski	
4.3 STREET ADDRESS	847 Country Club Circle	
4.4 CITY-ST-ZIP	Venice, FL 34293	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Shand	
5.3 STREET ADDRESS	884 Country Club Circle	
5.4 CITY-ST-ZIP	Venice, FL 34293	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Jack Van Ness* **JACK VANNESS** *April 16, 1998* 941-484-6108

CR2E037 (10/97)