

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90039 015 ****61.25

DOCUMENT # 755666

1. Entity Name

JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM ASSOCI

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 34285-1729

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2274795

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **ANDERSON, JANE**
 STREET ADDRESS **811 COUNTRY CLUB CIR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **STD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOLMBERG, LEE**
 STREET ADDRESS **849 COUNTRY CLUB CIR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME **Joe O'Connor**
 STREET ADDRESS **904 Country Club Cir**
 CITY-ST-ZIP **Venice, FL 34293**

TITLE **TSD** Delete
 NAME **ROHE, DORIS**
 STREET ADDRESS **835 COUNTRY CLUB CIR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **EVEMITA, MICHAEL D**
 STREET ADDRESS **889 COUNTRY CLUB CIR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SHAND, ROBER**
 STREET ADDRESS **884 COUNTRY CLUB CIR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

Daytime Phone #

CR2E037 (9/99)