

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90162 043 ****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

2. Principal Place of Business

3. Mailing Address

1747 S. Tamiami Tr
 Suite, Apt. #, etc.
223

1747 S. Tamiami Tr
 Suite, Apt. #, etc.
223

City & State

City & State

Venice FL

Venice FL

Zip
34293

Country
USA

Zip
34293

Country
USA

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

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1747 S. Tamiami Tr # 223
 City *Venice* FL Zip Code *34293*

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 *Annette K Caldwell* DATE *4/10/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, JANE 811 COUNTRY CLUB CIR VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMBERG, LEE 849 COUNTRY CLUB CIR VENICE FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ROHE, DORIS 835 COUNTRY CLUB CIR VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVEMITA, MICHAEL D 889 COUNTRY CLUB CIR VENICE FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAND, ROBER 884 COUNTRY CLUB CIR VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEDEL, PAUL 883 COUNTRY CLUB CIR VENICE FL 34293	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CARTER, RAY 824 COUNTRY CLUB CIR VENICE FL 34293	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Liston, James	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Connor, Joseph 904 Country Club Cir Venice, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert E Shand* DATE: *4/12/01* DAYTIME PHONE #: *941-408-8293*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)