

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0058609

DOCUMENT # 755666

1. Entity Name

JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

04-11-2002 90046 028 ****61.50

Principal Place of Business 1747 S TAMiami TRAIL #223 VENICE FL 34293 US	Mailing Address 1747 S TAMiami TRAIL #223 VENICE FL 34293 US
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

CALDWELL, ANNETTE K.
KEYS CALDWELL PROPERTY MGT
1747 S TAMiami TRAIL #223
VENICE FL 34293

7. Name and Address of New Registered Agent

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	
TITLE: VD NAME: WEDEL, PAUL STREET ADDRESS: 883 COUNTRY CLUB CIR CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Delete
TITLE: TSD NAME: CARTER, RAY STREET ADDRESS: 824 COUNTRY CLUB CIR CITY-ST-ZIP: VENICE FL 34293	<input type="checkbox"/> Delete
TITLE: D NAME: LISTON, JAMES STREET ADDRESS: 835 COUNTRY CLUB CIR CITY-ST-ZIP: VENICE FL 34293	<input type="checkbox"/> Delete
TITLE: D NAME: O'CONNOR, JOSEPH STREET ADDRESS: 904 COUNTRY CLUB CIR CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: SHAND, ROBER STREET ADDRESS: 884 COUNTRY CLUB CIR CITY-ST-ZIP: VENICE FL 34293	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: AL GAUDREAU STREET ADDRESS: 855 Country Club Circle CITY-ST-ZIP: VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SARAH DAVIS STREET ADDRESS: 845 COUNTRY CLUB Circle CITY-ST-ZIP: VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: DENNIS MAANVSON STREET ADDRESS: 823 COUNTRY CLUB Circle CITY-ST-ZIP: 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

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]* **4-2-02 941-408-8293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)