


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90105 013 ****61.25

DOCUMENT # 755666

1. Entity Name
JACARANDA COUNTRY CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1747 S TAMAMI TRAIL #223 VENICE, FL 34293 US

Mailing Address
P.O. BOX 1078 VENICE, FL 34284 US

2. Principal Place of Business
1162 Indian Hills Blvd
 Suite, Apt. #, etc.


3. Mailing Address
1162 Indian Hills Blvd
 Suite, Apt. #, etc.

City & State
Venice FL

City & State
Venice FL

Zip
34293 Country
USA

Zip
34293 Country
USA



01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2274795

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
 1747 S TAMAMI TRAIL #223
 VENICE, FL 34293**

7. Name and Address of New Registered Agent

Name
1162 Indian Hills Blvd

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTOWSKI, JOE 847 COUNTRY CLUB CIR VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOHEN, DICK 869 COUNTRY CLUB CIR VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISTON, JUDY 831 COUNTRY CLUB CIR VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, SARAH 845 COUNTRY CLUB CIR VENICE, FL 34293	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JANE 811 COUNTRY CLUB CIR VENICE, FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gutowski, Joe	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hohan, Dick	<input checked="" type="checkbox"/> Change <input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Anderson, Jane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Jack Van Ness 839 Country Club Cir Venice, FL 34293	<input type="checkbox"/> Change <input checked="" 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: John H. VanNess APR 19 2004 (941) 408-8293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John H. VanNess