

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N05634** (3)

95 FEB 13 PM 1:25

1. Corporation Name  
**CHELSEA AT JACARANDA HOMEOWNERS, INC.**

Principal Place of Business Mailing Address  
**% J & L PROPERTY MGMT., INC.**  
10191 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/12/1984** 3a. Date of Last Report **04/08/1994**  
4. FEI Number **59-2499090** Applied For  
Not Applicable

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 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALDERAZZO, JAMES**  
10191 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DS</b>
NAME	<b>ROBERTS, HELEN</b>
STREET ADDRESS	<b>9347 CHELSEA DR. N.</b>
CITY - ST - ZIP	<b>PLANTATION FL</b>
TITLE	<b>DP</b>
NAME	<b>OFFENTHER, HAROLD</b>
STREET ADDRESS	<b>9309 CHELSEA DR SOUTH</b>
CITY - ST - ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b>
NAME	<b>GOTTSCHLING, WINNIE</b>
STREET ADDRESS	<b>9266 CHELSEA DRIVE NORTH</b>
CITY - ST - ZIP	<b>PLANTATION FL 33324</b>
TITLE	<b>DT</b>
NAME	<b>SPECK, JOHN D.</b>
STREET ADDRESS	<b>9300 CHELSEA DRIVE SOUTH</b>
CITY - ST - ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b>
NAME	<b>PUSTIZZI, JOHN</b>
STREET ADDRESS	<b>9210 CHELSEA DR NORTH</b>
CITY - ST - ZIP	<b>PLANTATION FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

*John D. Speck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN D. SPECK**

**2-11-95** 305 473-7993  
Date Initial Printed Name