

2001 UNIFORM-BUSINESS REPORT (S-CORP)

FILED
 Jun 20, 2001 8:00 am
 Secretary of State

05-10-2001 90129 010 ****61.25

DOCUMENT #

N 05634

1. Entity Name

Chelsea at Jacaranda I Homeowners Assol

Principal Place of Business

Mailing Address

2. Principal Place of Business

3300 University Drive

Suite, Apt. #, etc.

#405

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Address

3300 University Drive

Suite, Apt. #, etc.

#405

City & State

Coral Springs, FL

Zip

33065

Country

USA

4. FEI Number

59-2499090

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

Name
 United Community Management

Street Address (P.O. Box Number is Not Acceptable)
 3300 University Dr. #405

City
 Coral Springs

FL

Zip Code
 33065

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
 UNITED COMM. MGT ASSOC

[Signature]

DATE
 5/23/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEES \$400.00
 After MAY 1, 2001 fee will be \$500.00
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME	Lynn, Dee	
STREET ADDRESS	9381 Chelsea Drive North	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME	T. Offenhauer Throld	
STREET ADDRESS	9309 Chelsea Drive South	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME	Hersh Kowitz, Yitz	
STREET ADDRESS	141 Chelsea Lane	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME	Bradie, Cristina	
STREET ADDRESS	9451 Chelsea Drive South	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	Dilquist, Glen	
STREET ADDRESS	9363 Chelsea Drive North	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME	Seck	
STREET ADDRESS	Delesparra, Michael	
CITY-ST-ZIP	9238 Chelsea Drive South	
	Plantation, FL 33324	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *[Signature]* DIANALYNN, PRES. 4-20-01 954-581-0665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Declared Private

CR2E034 (1/00)