


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90007 049 ****61.25

DOCUMENT # N05634					
1. Entity Name CHELSEA AT JACARANDA HOMEOWNERS, INC.					
Principal Place of Business 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065		Mailing Address 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065		54026002	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03252004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2499090	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED COMMUNITY MANAGEMENT 3300 UNIVERSITY DRIVE 405 CORAL SPRINGS, FL 33065			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. 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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, HELEN		NAME		
STREET ADDRESS	9347 CHELSEA DR NORTH		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADURSKI, CRAIG		NAME		
STREET ADDRESS	9446 CHELSEA DR NORTH		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HERSCHKOWITZ, YITZ		NAME	Burgamy, Colder	
STREET ADDRESS	141 CHELSEA LANE		STREET ADDRESS	9241 Chelsea Drive North	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LILLGUIST, GLEN		NAME		
STREET ADDRESS	9263 CHELSEA DRIVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELESPARRA, MICHAEL		NAME		
STREET ADDRESS	92218 CHELSEA DRIVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALCOLM, ROSS		NAME		
STREET ADDRESS	7385 CHELSA DRIVE NORTH		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
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: <i>HELEN ROBERTS</i>			Date: <i>3/27/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		