


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90012 017 ****61.25

DOCUMENT # N05634
 1. Entity Name
 CHELSEA AT JACARANDA HOMEOWNERS, INC.




Principal Place of Business
 11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065

Mailing Address
 11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03032008 Chg-NP CR2E037 (12/06)

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

UNITED COMMUNITY MGMT CORP
 11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065

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. 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, 2008

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	PD	<input type="checkbox"/> Delete
NAME	MADURSKI, CRAIG	
STREET ADDRESS	9446 CHELSEA DR NORTH	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DELESPARRA, MICHAEL	
STREET ADDRESS	9222 CGEKSEA DR SOUTH	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VPD1	<input checked="" type="checkbox"/> Delete
NAME	WEISS, LEONARD	
STREET ADDRESS	9267 CHELSEA DR NORTH	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BREIER, ELIZABETH	
STREET ADDRESS	9260 CHELSEA DRIVE NORTH	
CITY-ST-ZIP	PLANTAION, FL 33324	
TITLE	VPD2	<input type="checkbox"/> Delete
NAME	SHAFER, ROBERT B	
STREET ADDRESS	9281 CHELSEA DR NORTH	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan, Dianna	
STREET ADDRESS	9436 Chelsea Dr. North	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lipoff, William	
STREET ADDRESS	9260 Chelsea Dr. South	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **03/07/08 954-370-4701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #