

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07948 (5)

1. Corporation Name
LAKEVIEW COURTS AT JACARANDA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**9353 W SUNRISE BLVD
FORT LAUDERDALE FL 33322**

Mailing Address
**P.O. BOX 450897
SUNRISE FL 33345-0897**

3. Date Incorporated or Qualified **03/05/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 c/o Diversified Management	26 c/o Diversified Management
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 8471 W. Oakland Park Blvd.	27 P.O. Box 451418
City & State	City & State
23 Sunrise, FL 33351	28 Sunrise, FL
Zip Country	Zip Country
24	25
29 33345-1418	30

4. FEI Number **59-2726856** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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	
KAYE & ROGER, P.A. 1500 W. CYPRESS CREEK ROAD SUITE 207 FT. LAUDERDALE FL 33309		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SHIMON	12 NAME	
STREET ADDRESS	10001 W OAKLAND PARK BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	14 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUCHKO, RONALD	22 NAME	Dominick Vitale
STREET ADDRESS	9233 W SUNRISE BLVD	23 STREET ADDRESS	8935 W. Sunrise Blvd.
CITY - ST - ZIP	PLANTATION FL	24 CITY - ST - ZIP	Plantation, FL 33322
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVEDE, SHIMON	32 NAME	
STREET ADDRESS	3 FLAMIGO ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	KEY LARGO FL	34 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTS, JOHN	42 NAME	
STREET ADDRESS	8823 W. SUNRISE BLVD	43 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	44 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAIGHOLD, MARTIN	52 NAME	David Kohn
STREET ADDRESS	9229 W. SUNRISE BLVD	53 STREET ADDRESS	7601 Westpointe Blvd.
CITY - ST - ZIP	SUNRISE FL	54 CITY - ST - ZIP	Orlando, FL 32835
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA, ERNESTO	62 NAME	
STREET ADDRESS	9223 W. SUNRISE BLVD	63 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	64 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)(k), Florida Statutes. I further certify that the information indicated 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: _____ **David Kohn, President** 2/23/96 954-572-1880

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

CR2E037 (12/95)