


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 12 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 C/O DIVERSIFIED MANAGEMENT 8471 W. OAKLAND PARK BLVD SUNRISE FL 33351 US | Mailing Address C/O DIVERSIFIED MANAGEMENT P.O. BOX 451518 SUNRISE FL 33345-1418 US |
|--|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/05/1985 | |
| 4. FEI Number 59-2726856 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business 21 8457 W. Oakland Park Blvd. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 Suite, Apt. #, etc. | 27 City & State 23 Sunrise, FL |
| 23 City & State | 28 City & State |
| 24 Zip 33351 | 25 Country USA |
| 29 Zip | 30 Country |

9. Name and Address of Current Registered Agent

**KAYE & ROGER, P.A.
1500 W. CYPRESS CREEK ROAD
SUITE 207
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

| | |
|---|-----------------------------|
| 81 Name KAYE & ROGER, P.A. | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6th Way | |
| 83 Suite 103 | |
| 84 City Ft. Lauderdale, FL | 85 Zip Code 33309 |

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

| | |
|----------------|---|
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | COHEN, SHIMON |
| STREET ADDRESS | 10001 W OAKLAND PARK BLVD |
| CITY-ST-ZIP | SUNRISE FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | VITALE, DOMINICK |
| STREET ADDRESS | 8935 W SUNRISE BLVD |
| CITY-ST-ZIP | PLANTATION FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | RAVEDE, SHIMON |
| STREET ADDRESS | 3 FLAMIGO ROAD |
| CITY-ST-ZIP | KEY LARGO FL |
| TITLE | ST <input type="checkbox"/> DELETE |
| NAME | ORTS, JOHN |
| STREET ADDRESS | 8823 W. SUNRISE BLVD |
| CITY-ST-ZIP | SUNRISE FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | KOHN, DAVID |
| STREET ADDRESS | 7801 WESTPOINTE BLVD |
| CITY-ST-ZIP | ORLANDO FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Addition |
| 6.2 NAME | DAT |
| 6.3 STREET ADDRESS | Altshuler, Lynn |
| 6.4 CITY-ST-ZIP | 9215 W. Sunrise Blvd. Plantation, FL |

14. 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 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 Orts* **2/26/98** **954 577-1890**

CR2E037 (10/97)