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Mar 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07948

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

Principal Place of Business 8457 W OAKLAND PARK BLVD 8471 W. OAKLAND PARK BLVD SUNRISE FL 33351 US	Mailing Address C/O DIVERSIFIED MANAGEMENT P.O. BOX 451518 SUNRISE FL 33345-1418 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/05/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2726856
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KAYE & ROGER, P A 6261 NW 6TH WY SUITE 103 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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP COHEN, SHIMON	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D MASSA, DUANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10001 W OAKLAND PARK BLVD		1.2 NAME	8927 W. Sunrise Blvd.	
STREET ADDRESS	SUNRISE FL		1.3 STREET ADDRESS	SUNRISE, FLORIDA	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	D RAVEDE, SHIMON	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DST DEBBIE KASTNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3 FLAMIGO ROAD		2.2 NAME	9255 W. Sunrise Blvd.	
STREET ADDRESS	KEY LARGO FL		2.3 STREET ADDRESS	Sunrise, Fl.	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	VP ORTS, JOHN	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	P JOHN ORTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8823 W. SUNRISE BLVD		3.2 NAME	8823 W. SUNRISE BLVD	
STREET ADDRESS	SUNRISE FL		3.3 STREET ADDRESS	PLANTATION FL 33322	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	VP KOHN, DAVID	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D KOHN, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7601 WESTPOINTE BLVD		4.2 NAME	7601 WESTPOINTE BLVD	
STREET ADDRESS	ORLANDO FL		4.3 STREET ADDRESS	ORLANDO FL	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	BAT ALTSHULER, LYNN	<input type="checkbox"/> DELETE	5.1 TITLE	VP ALTSHULER, LYNN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9215 W SUNRISE BLVD		5.2 NAME	9215 W. SUNRISE BLVD	
STREET ADDRESS	PLANTATION FL		5.3 STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/19/99 954572-1880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0039596
CR2E037 (1/198)