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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/05/1985

4. FEI Number

59-2726856

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KAYE & ROGER, P A
6261 NW 6TH WY
SUITE 103
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ~~XXDELETE~~
NAME COHEN, SHIMON
STREET ADDRESS 10001 W OAKLAND PARK BLVD
CITY-ST-ZIP SUNRISE FL

TITLE D ~~XDELETE~~
NAME RAVEDE, SHIMON
STREET ADDRESS 3 FLAMIGO ROAD
CITY-ST-ZIP KEY LARGO FL

TITLE ~~FP~~ ~~XDELETE~~
NAME ORTS, JOHN
STREET ADDRESS 8823 W. SUNRISE BLVD
CITY-ST-ZIP SUNRISE FL

TITLE ~~JD~~ ~~XDELETE~~
NAME KOHN, DAVID
STREET ADDRESS 7601 WESTPOINTE BLVD
CITY-ST-ZIP ORLANDO FL

TITLE ~~BAT~~ ~~XDELETE~~
NAME ALTSHULER, LYNN
STREET ADDRESS 9215 W SUNRISE BLVD
CITY-ST-ZIP PLANTATION FL

TITLE ~~XDELETE~~
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MASSA, DUANE
1.3 STREET ADDRESS 8927 W. Sunrise Blvd.
1.4 CITY-ST-ZIP SUNRISE, FLORIDA

2.1 TITLE DST ☐ Change ☒ Addition
2.2 NAME DEBBIE KASTNER
2.3 STREET ADDRESS 9255 W. Sunrise Blvd.
2.4 CITY-ST-ZIP Sunrise, FL.

3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME JOHN ORTS
3.3 STREET ADDRESS 8823 W. SUNRISE BLVD
3.4 CITY-ST-ZIP PLANTATION FL 33322

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME KOHN, DAVID
4.3 STREET ADDRESS 7601 WESTPOINTE BLVD
4.4 CITY-ST-ZIP ORLANDO FL

5.1 TITLE VP ☒ Change ☐ Addition
5.2 NAME ALTSHULER, LYNN
5.3 STREET ADDRESS 9215 W. SUNRISE BLVD
5.4 CITY-ST-ZIP PLANTATION FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/99 954572-1880

CR2E037 (1/198)

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