

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90010 019 ****61.25

DOCUMENT # N07948

1. Entity Name

LAKEVIEW COURTS AT JACARANDA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 8457 W. ~~Oakland Park Blvd.~~
 Sunrise, FL 33351
 Mailing Address: c/o Diversified Mgmt.
 P.O. Box 451518
 Sunrise, FL 33345

2. Principal Place of Business: c/o Castle Mgmt. Inc.
 Suite, Apt. #, etc: P.O. Box 189013
 3. Mailing Address: c/o Castle Mgmt., Inc.
 Suite, Apt. #, etc: P.O. Box 189013

City & State: Plantation, FL
 Zip: 33318
 Country: USA

4. FEI Number: 59-2726856
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAYE, P.A.
 6261 NW 6th WAY
 FT. LAUDERDALE, FL
 33309 US

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.

SIGNATURE: _____
Signature typed or printed name of registered agent and title if applicable. DATE: Registered Agent signature required when re-registering? DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Orts, John	
STREET ADDRESS	8823 W. Sunrise Blvd	
CITY-ST-ZIP	Sunrise, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Altshuler, Lynn	
STREET ADDRESS	9215 W Sunrise Blvd.	
CITY-ST-ZIP	Sunrise, FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Kastner, Debbie	
STREET ADDRESS	9255 W. Sunrise Boulevard	
CITY-ST-ZIP	Sunrise, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Massa Duane	
STREET ADDRESS	8927 W. Sunrise Blvd.	
CITY-ST-ZIP	Sunrise, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Kohn, David	
STREET ADDRESS	7601 Westpointe Blvd.	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" 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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Simon	
STREET ADDRESS	Woodland Pk Blvd. #112	
CITY-ST-ZIP	Oakland Park, FL 33111	
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 exemption stated in Section 119.07(3)(a), 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: John Orts John Orts, President 2/2/00 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *