
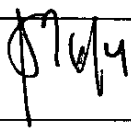
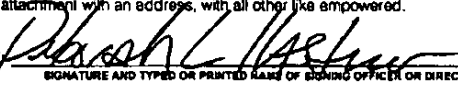


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY 23 PM 1:48

DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07948			
1. Entity Name LAKEVIEW COURTS AT JACARANDA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 9353 W. SUNRISE BLVD. PLANTATION, FL 33322 US		Mailing Address 9353 W. SUNRISE BLVD. PLANTATION, FL 33322 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES 621 NW 53RD STREET, SUITE 300 BOCA RATON, FL 33487		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KASTNER, DEBBIE 9255 W. SUNRISE BLVD SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition [CORRECT CITY ONLY] PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ORTS, JOHN 8823 W. SUNRISE BLVD SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D ORTS, JOHN 8823 W. SUNRISE BLVD PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANKE, KAREN 9349 W SUNRISE BLVD PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D FERGUSON, LORI 9283 W. SUNRISE BLVD PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRASNY, STEVE 9197 W SUNRISE BLVD SUNRISE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition [CORRECT CITY ONLY] PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD LAGO, ELIZABETH 9259 W, SUNRISE BLVD PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4-307 954.474.4335	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	