

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07948

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** LAKEVIEW COURTS AT JACARANDA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9353 W. SUNRISE BLVD.  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

1495 NORTH PARK DR  
WESTON, FL 33326 US

**Current Mailing Address:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**New Mailing Address:**

1495 NORTH PARK DR  
WESTON, FL 33326 US

**FEI Number:** 59-2726856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKALAR & EICHNER, P.A.  
150 SOUTH PINE ISLAND RD  
SUITE 540  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

BAKALAR & ASSOCIATES, P.A.  
150 SOUTH PINE ISLAND RD  
SUITE 540  
PLANTATION, FL 33324 US

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: BAKALAR AND ASSOCIATES

04/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KASTNER, DEBBIE  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

Title: PD  
Name: ORTS, JOHN  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

Title: VP  
Name: RUPPRECHT, LUIS  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

Title: TSD  
Name: CORDOVA, CESAR  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

Title: D  
Name: HOLNESS, PATRICIA  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

Title: S  
Name: O'DONNELL, SUSAN  
Address: 1495 NORTH PARK DR  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN ORTS

P

04/15/2010

Electronic Signature of Signing Officer or Director

Date