SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **N14114** **(5)**

1. Corporation Name

CHATHAM TOWNE AT JACARANDA CONDOMINIUM ASSOCIATI ON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2901 SIMMS ST. 3050 N. 28TH TERRACE HOLLYWOOD FL 33020	2901 SIMMS ST. 3050 N. 28TH TERRACE HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: **04/01/1986**
3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-2778388** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

D.C.I.
2901 SIMMS ST.
C/O ANDREW MEYROWITZ
HOLYLWOOD FL 33020-1302

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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ANIELLO, BARBARA	12 NAME		
STREET ADDRESS	119 NW 98TH TERR	13 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	HUNT, DONALD	22 NAME		
STREET ADDRESS	9855 NW 1ST CT.	23 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	~~CANSOR~~, GEORGE	32 NAME	Carson, George	
STREET ADDRESS	9815 NW 1ST CT.	33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, TOM	42 NAME		
STREET ADDRESS	118 NW 98 TERRACE	43 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	ROE, JOHN	52 NAME		
STREET ADDRESS	150 NW 98TH TERR.	53 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Thomas M. Davidson 7/18/95 305-476-9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0000220