

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N14114 (5)**  
1. Corporation Name

**CHATHAM TOWNE AT JACARANDA CONDOMINIUM ASSOCIATION, INC.**



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: **07/26/1995**  
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**  
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  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>ANIELLO, BARBARA</b>	
STREET ADDRESS	<b>119 NW 98TH TERR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>T</b>	
NAME	<b>HUNT, DONALD</b>	
STREET ADDRESS	<b>9855 NW 1ST CT.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VD</b>	
NAME	<b>CARSON, GEORGE</b>	
STREET ADDRESS	<b>9815 NW 1ST CT.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>P</b>	
NAME	<b>DAVIDSON, TOM</b>	
STREET ADDRESS	<b>118 NW 98 TERRACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>S</b>	
NAME	<b>ROE, JOHN</b>	
STREET ADDRESS	<b>150 NW 98TH TERR.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George W. Carson*

2-7-96 (305) 472-3080  
Date      Daytime Phone #

CR2E037 (12/95)