# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV -7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14114

1. Entity Name
CHATHAM TOWNE AT JACARANDA CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 71 NW 98TH TERRACE<br>PLANTATION, FL 33324 | 5300 POWERLINE RD.<br>200-A<br>FORT LAUDERDALE, FL 33304 |

RECEIVED
OCT 07 2005

10052005 REIN-NP CR2E099 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2778388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LEVINE, CHERYL J<br>COURTYARD BUSINESS CENTER<br>4694 NW 103RD AVENUE<br>SUNRISE, FL 33351-7970 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $61.25**
**After January 1, 2006, Fee Will be $122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 | VD<br>CAIN, SUSAN<br>83 NW 98 TERR.<br>FORT LAUDERDALE, FL 33324 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Judith M. Martinez<br>9873 NW 1st Ct<br>Plantation, FL 33324<br>Director | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MANN, RENEE S<br>9826 NW 1ST COURT<br>PLANTATION, FL 33324 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Roxanne Mayea<br>9862 NW 1st Ct<br>Plantation, FL 33324<br>Director | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PACK, MARVIN<br>9845 NW 1ST CT<br>PLANTATION, FL 33324 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 400061222184<br>11/08/05--01002--009 **61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HURT, DON<br>4855 NW 1 CT.<br>PLANTATION, FL 33324 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ 11/3/05 (954) 424-5974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #