

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14114

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

11530 STATE ROAD 84
DAVIE, FL 33325

New Principal Place of Business:

LANDAMRK MANAGEMENT SERVICES
1941 NW 150TH AVENUE
PEMBROKE PINES, FL 33028

Current Mailing Address:

P.O. BOX 551390
DAVIE, FL 33355

New Mailing Address:

LANDMARK MANAGEMENT SERVICES
1941 NW 150TH AVENUE
PEMBROKE PINES, FL 33028

FEI Number: 59-2778388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID J. SCHOTTENFIELD, P.A.
7520 NW 5 ST., SUITE 203
PLANTATION, FL 33318 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MANN, RENEE S
Address: 9826 NW 1 COURT
City-St-Zip: PLANTATION, FL 33324

Title: P () Delete
Name: GAINES, ELISSE
Address: 144 NW 98 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: BLANCO, MARGARITA S
Address: 156 NW 98 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: ROSSMAN, DIANNE M
Address: 71 NW 98 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PACK, MARVIN
Address: 9845 NW 1 COURT
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELISSE GAINES

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date