

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90087 033 ****61.25

DOCUMENT # N14114

1. Entity Name

**CHATHAM TOWNE AT JACARANDA CONDOMINIUM ASSOCIATI
ON, INC.**



Principal Place of Business

**71 NW 98TH TERRACE
PLANTATION FL 33324**

Mailing Address

**C/O THE CONTINENTAL GROUP
2950 N 28TH TERRACE
HOLLYWOOD FL**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 590518

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33359 USA

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
COURTYARD BUSINESS CENTER
4694 NW 103RD AVENUE
SUNRISE FL 33351-7970**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
NAME **ROSSMAN, DIANNE** ☐ Delete
STREET ADDRESS **71 NW 98 TERR**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **KAPLAN, HENRY** ☒ Delete
STREET ADDRESS **9828 NW 1ST COURT**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD**
NAME **MANN, RENEE S** ☐ Delete
STREET ADDRESS **9828 NW 1ST COURT**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **O**
NAME **CARSON, GEORGE W** ☐ Delete
STREET ADDRESS **9815 NW 1ST COURT**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD**
NAME **PACK, MARVIN** ☐ Delete
STREET ADDRESS **9845 NW 1ST CT**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **O** ☐ Change ☒ Addition
NAME **Don Hart**
STREET ADDRESS **9855 NW 1 Ct.**
CITY-ST-ZIP **Plantation, FL 33324**

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:

SIGNATURE REQUIRED

Dianne Rossman
Pres

2/1/03

954-376-0246

CR2E037 (10/02)