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FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N17001 (1)

1. Corporation Name

THE ENCLAVE AT JACARANDA LAKES HOMEOWNERS' ASSOC  
IATION, INC.

Principal Place of Business

1859 N. PINE ISLAND RD.  
SUITE 204  
PLANTATION FL 33322

Mailing Address

1859 N. PINE ISLAND RD.  
SUITE 204  
PLANTATION FL 33322



3. Date Incorporated or Qualified

09/25/1986

4. FEI Number

59-2776795

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHERZER, JOYCE R  
9294 NW 10 ST  
PLANTATION FL 33322

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME WITTERS, DAVID J.  
STREET ADDRESS 1000 NW 93RD AVENUE  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME BEER, ALBERT J  
STREET ADDRESS 1021 NW 93RD AVE  
CITY-ST-ZIP PLANTATION FL

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE PD  
NAME SCHERZER, JOYCE R  
STREET ADDRESS 9294 NW 10 ST  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME MELZER, JAMES R.  
STREET ADDRESS 1041 NW 93RD AVE  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME SILVERMAN, VALERIE  
STREET ADDRESS 9337 NW 10TH ST  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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:

4/8/98 (954) 3709811

CR2E037 (10/97)