

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17001

1. Entity Name

THE ENCLAVE AT JACARANDA LAKES HOMEOWNERS' ASSOC ✓

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90001 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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SUITE 204  
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2776795

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHERZER, JOYCE R  
9294 NW 10 ST  
PLANTATION FL 33322

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.

SIGNATURE

*Joyce R Scherzer*

7/19/2000

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME CLAUDE A LEVY  
STREET ADDRESS 1860 NW 93 AVE  
CITY-ST-ZIP PLANTATION FL 33322

TITLE TD ☐ Delete  
NAME BOHM, SUSAN  
STREET ADDRESS 9300 NW 20TH ST  
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☒ Change ☐ Addition  
NAME BELKIS GONZALEZ  
STREET ADDRESS 9288 NW 10 ST  
CITY-ST-ZIP PLANTATION FL 33322

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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:

*Joyce R Scherzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/2000

Daytime Phone #

954 370 9811

CR2E037 (5/00)