

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90046 028 ****61.25

DOCUMENT # N17001

1. Entity Name

THE ENCLAVE AT JACARANDA LAKES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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

59-2776795

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

SCHERZER, JOYCE R

9294 NW 10 ST
 PLANTATION FL 33322

Name

SAME AS BEFORE

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

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, CHERYL	
STREET ADDRESS	9325H W 10 ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, BELKIS	
STREET ADDRESS	9288 NW 10 ST	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHERZER, JOYCE R	
STREET ADDRESS	9294 NW-10 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, VALERIE	
STREET ADDRESS	9337 NW 10TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, DARYL	
STREET ADDRESS	1000 NW 83 TERR	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN LEVITT D	
STREET ADDRESS	9330 NW 10 ST	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VP SEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERZER, JOYCE R.	
STREET ADDRESS	9294 NW-10 ST	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VP SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN FULKERSON D	
STREET ADDRESS	9300 NW 10 ST	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. D. JOYCE R. Scherzer 4/24/02

Daytime Phone #

CR2E037 (9/01)