

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N23784** (4)

1. Corporation Name

**CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

10191 W SAMPLE RD  
STE 203  
CORAL SPRINGS FL 33065  
US

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STE 203  
CORAL SPRINGS FL 33065  
US

3. Date Incorporated or Qualified  
**12/08/1987**

3a. Date of Last Report  
**02/15/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0055065**

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**\$8.75 Additional Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

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

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALDERAZZO, JAMES**  
10191 W. SAMPLE RD.  
CORAL SPRINGS, FLA.  
CORAL SPRINGS FL 33065

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	PD	<input type="checkbox"/> DELETE
NAME	SELLY, ANNEPH	
STREET ADDRESS	336 N.W. 97TH AVENUE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	OSTRU, AMY	
STREET ADDRESS	360 NW 97TH AVE.	
CITY - ST - ZIP	PLANTATION FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHETTINO, MARYANN	
STREET ADDRESS	268 N.W. 97TH AVE.	
CITY - ST - ZIP	PLANTATION FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LEIPZIGER, DORRITH	
STREET ADDRESS	232 NW 97TH AVENUE	
CITY - ST - ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CALLAHAN, JOSEPH	
STREET ADDRESS	340 NW 97 AVENUE	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Larry Adair
33 STREET ADDRESS	212 NW 97th Ave
34 CITY - ST - ZIP	Plantation, FL 33324
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	MARGOLIS, BERNARD W
43 STREET ADDRESS	364 NW 97th Ave
44 CITY - ST - ZIP	Plantation FL 33324
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Anne Selly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96  
Date

424-9319  
Daytime Phone #

CR2E037 (12/95)