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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

10191 W SAMPLE RD  
STE 203  
CORAL SPRINGS FL 33065-3961  
US

3. Date Incorporated or Qualified  
12/08/1987

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
65-0055065

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

22

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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  DELETE  
NAME PD SELLY, ANNEPH  
STREET ADDRESS 336 N.W. 97TH AVENUE  
CITY - ST - ZIP PLANTATION FL

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

TITLE  DELETE  
NAME DV OSTRU, AMY  
STREET ADDRESS 360 NW 97TH AVE.  
CITY - ST - ZIP PLANTATION FL

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

TITLE  DELETE  
NAME S ADAIR, LARRY  
STREET ADDRESS 212 NW 97THA VE  
CITY - ST - ZIP PLANTATION FL

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

TITLE  DELETE  
NAME D MARGULLIES, BERNAROW  
STREET ADDRESS 364 NW 97TH AVE  
CITY - ST - ZIP PLANTATION FL

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

TITLE  DELETE  
NAME T CALLAHAN, JOSEPH  
STREET ADDRESS 340 NW 97 AVENUE  
CITY - ST - ZIP PLANTATION FL

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

14. I do 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Anne C Selly Pres* 1/19/97

Date

Daytime Phone # 0022220

CR2E037 (9/96)