

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

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N23784 (4)**

1. Corporation Name  
**CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>10191 W SAMPLE RD<br/>STE 203<br/>CORAL SPRINGS FL 33065<br/>US</b> | Mailing Address<br><b>10191 W SAMPLE RD<br/>STE 203<br/>CORAL SPRINGS FL 33065<br/>US</b> |
|---|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/08/1987</b> |  |
| 4. FEI Number<br><b>65-0055065</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>PD</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>SELY, ANNE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SELY, ANNEPH</b>                                  | 1.2 NAME  | <b>336 NW 97TH AVENUE</b>  |
| STREET ADDRESS             | <b>336 N.W. 97TH AVENUE</b>                          | 1.3 STREET ADDRESS                                    | <b>PLANTATION, FL</b>  |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>                                 | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>DV</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | <b>OSTRU, AMY</b>                                    | 2.2 NAME  |  |
| STREET ADDRESS             | <b>360 NW 97TH AVE.</b>                              | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>                                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>S</b> <input checked="" type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | <b>ADAIR, LARRY</b>                                  | 3.2 NAME  |  |
| STREET ADDRESS             | <b>212 NW 97THA VE</b>                               | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>                                 | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | <b>MARGULLIES, BERNAROW</b>                          | 4.2 NAME  |  |
| STREET ADDRESS             | <b>364 NW 97TH AVE</b>                               | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>                                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       | <b>CALLAHAN, JOSEPH</b>                              | 5.2 NAME  |  |
| STREET ADDRESS             | <b>340 NW 97 AVENUE</b>                              | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

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:** *Anne P. Selly* **2/13/98**

CP2E037 (10/97)