

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90005 019 ****61.25

DOCUMENT # N23784

1. Entity Name

CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION,

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 33065-3960
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0055065

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

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

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

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

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	PD	<input type="checkbox"/> Delete
NAME	SELLY, ANNE	
STREET ADDRESS	336 N.W. 97TH AVENUE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	MARGULLIES, BERNAROW	
STREET ADDRESS	364 NW 97TH AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORRITH LEZIGER	
STREET ADDRESS	232 NW 97TH AVE.	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	V-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES VIGLIOTTI	
STREET ADDRESS	356 NW 97 AVE.	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN MALETAK	
STREET ADDRESS	445 NW 97 AVE.	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB DI BENEDETTO	
STREET ADDRESS	PLANTATION, FL	
CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY OSTROW	
STREET ADDRESS	PLANTATION, FL.	
CITY-ST-ZIP		
TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN GOODMAN	
STREET ADDRESS	PLANTATION, FL	
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 of Selly*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-6-00

Daytime Phone #

CR2E037 (9/99)