

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

0001678

DOCUMENT # N23784

1. Entity Name

CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION,

04-24-2001 90008 033 ****61.25

Principal Place of Business

10191 W SAMPLE RD
 STE 203
 CORAL SPRINGS FL 33065
 US

Mailing Address

10191 W SAMPLE RD
 STE 203
 CORAL SPRINGS FL 33065
 US

643318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0055065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SELLY, ANNE	
STREET ADDRESS	336 N.W. 97TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARGULLIES, BERNAROW	
STREET ADDRESS	364 NW 97TH AVE	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEPZIGER, DORRITH	
STREET ADDRESS	232 NW 97TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VIGLIOTTI, JAMES	
STREET ADDRESS	356 NW 97TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARNOLD STEWART		
STREET ADDRESS	400 NW 97 AVE		
CITY-ST-ZIP	PLANTATION, FL 33324		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT FERRANDINO		
STREET ADDRESS	332 NW 97 AVE.		
CITY-ST-ZIP	PLANTATION, FL 33324		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Due c sellly 4-6-01 954-424-9319

CR2E037 (10/00)