

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90025 017 \*\*\*\*61.25

<b>DOCUMENT # N23784</b>					
1. Entity Name CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 US			Mailing Address 1145 SAWGRASS CORPORATE PKWY SUNRISE, FL 33323 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0055065	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF 3111 STERLING TD FT LAUDERDALE, FL 33312-6525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORMO, PHYLLIS		NAME	Dorrih Leipziger	
STREET ADDRESS	316 NW 97 AVE		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULMAN, GERALD		NAME	Larry Ackrish	
STREET ADDRESS	368 NW 97 AVE		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CACCIUPPO, MATTHEW		NAME	Amy Ostrau	
STREET ADDRESS	276 NW 97 AVE		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODMAN, AL		NAME	Ann Malatak	
STREET ADDRESS	300 NW 97 AVE		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACKRISH, LAWRENCE		NAME	Jana Bethavas	
STREET ADDRESS	413 NW 97 AVE		STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECASTRO, NESTOR		NAME		
STREET ADDRESS	428 NW 97TH AVE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		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.					
<b>SIGNATURE:</b> <u>Dorrih Leipziger Pres.</u>		3-10-04 (954)472-1860			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
DORRITH LEIPZIGER					

