
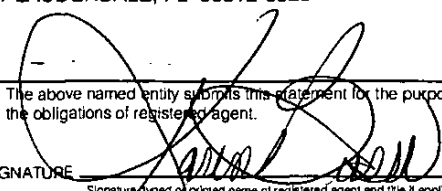
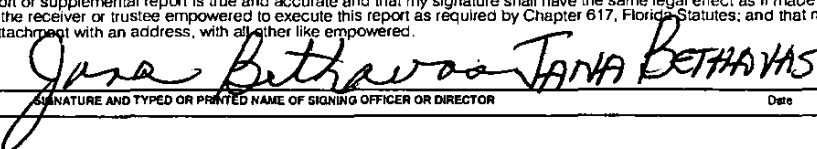


FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90042 007 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N23784			
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 <i>410 SUNRAE MANAGEMENT SERVICES</i>		3. Mailing Address <i>7071 W. COMMERCIAL BLVD.</i>	
Suite, Apt. #, etc. <i>2-B</i>		Suite, Apt. #, etc. <i>2-B</i>	
City & State <i>TAMARAC, FLORIDA</i>		4. FEI Number 65-0055065	
Zip <i>33319</i>		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF 3111 STERLING TD FT LAUDERDALE, FL 33312-6525		7. Name and Address of New Registered Agent Name <i>SUNRAE MANAGEMENT SERVICES</i> Street Address (P.O. Box Number is Not Acceptable) <i>7071 W. COMMERCIAL BLVD.</i> <i>SUITE 2-B</i> City <i>TAMARAC</i> FL Zip Code <i>33319</i>	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEIPZIGER, DORRITH 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PP</i> JANA BETHAVAS 316 NW 9TH AVENUE PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ACKRISH, LARRY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> MARY ANN SCETTINO 268 NW 9TH AVENUE PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OSTRAU, AMY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> ANN MALATAK 445 NW 9TH AVENUE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP MALATAK, ANN 1145 SAWGRASS COR PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> SUSAN GABRIEL 420 NW 9TH AVENUE PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKRISH, LAWRENCE 413 NW 97 AVE PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> AMY OSTRAU 312 NW 9TH AVENUE PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BETHAVAS, JANA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <i>4/7/05</i> Daytime Phone # <i>954-474-2773</i>	