
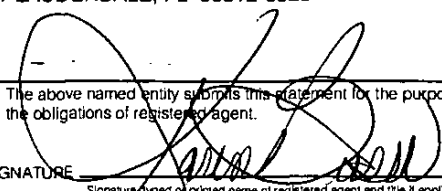
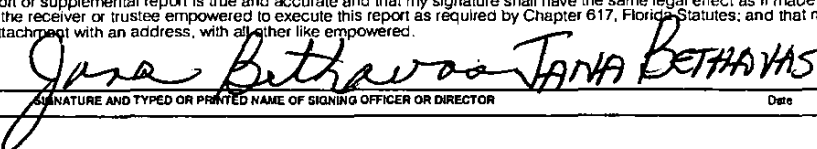


FILED
Apr 13, 2005 8:00 am
Secretary of State

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 410 SUNRAE MANAGEMENT SERVICES | | 3. Mailing Address 7071 W. COMMERCIAL BLVD. | |
| Suite, Apt. #, etc. 2-B | | Suite, Apt. #, etc. 2-B | |
| City & State TAMARAC, FLORIDA | | 4. FEI Number 65-0055065 | |
| Zip 33319 | | 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: SUNRAE MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable): 7071 W. COMMERCIAL BLVD. SUITE 2-B City: TAMARAC FL Zip Code: 33319 | |
| 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: DP NAME: LEIPZIGER, DORRITH STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE: PD NAME: JANA BETHAVAS STREET ADDRESS: 316 NW 9TH AVENUE CITY-ST-ZIP: PLANTATION, FL 33324 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: DT NAME: ACKRISH, LARRY STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE: VP NAME: MARY ANN SCETTINO STREET ADDRESS: 268 NW 9TH AVENUE CITY-ST-ZIP: PLANTATION, FL 33324 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: DVP NAME: OSTRU, AMY STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE: SD NAME: ANN MALATAK STREET ADDRESS: 445 NW 9TH AVENUE CITY-ST-ZIP: PLANTATION, FL 33324 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D2VP NAME: MALATAK, ANN STREET ADDRESS: 1145 SAWGRASS COR PKWY CITY-ST-ZIP: SUNRISE, FL 33323 | <input checked="" type="checkbox"/> Delete | TITLE: TD NAME: SUSAN GABRIEL STREET ADDRESS: 420 NW 9TH AVENUE CITY-ST-ZIP: PLANTATION, FL 33324 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: ACKRISH, LAWRENCE STREET ADDRESS: 413 NW 97 AVE CITY-ST-ZIP: PLANTATION, FL 33324 | <input type="checkbox"/> Delete | TITLE: D NAME: AMY OSTRU STREET ADDRESS: 312 NW 9TH AVENUE CITY-ST-ZIP: PLANTATION, FL 33324 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: DS NAME: BETHAVAS, JANA STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: 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: 4/7/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |