

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

DOCUMENT# N23784

Entity Name: CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: 65-0055065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KOHAR, JOHN  
Address: 361 NW 97 AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: SCHETTINO, MARY A  
Address: 268 NW 97TH AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: SD ( ) Delete  
Name: FRANCE, MADELEINE  
Address: 244 NW 97TH AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: OSTRU, AMY  
Address: 312 NW 97 AVE  
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete  
Name: STEWART, ARNOLD  
Address: 400 N.W. 97TH AVENUE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: STEWART, ARNOLD  
Address: 400 NW 97 AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MARGOLIES, BERNIE  
Address: 364 NW 97 AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change ( ) Addition  
Name: MALATAK, ANNA  
Address: 445 NW 97 AVENUE  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KOHAR

PD

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date