

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

1-120

**DOCUMENT # N23784**

1. Entity Name  
**CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION, INC.**



01-23-2003 90189 020 \*\*\*\*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**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
City & State

Zip Country 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SELLY, ANNE</b>	
STREET ADDRESS	<b>336 N.W. 97TH AVENUE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OSTRU, AMY</b>	
STREET ADDRESS	<b>312 NW 97 AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CACAPPO, MATTHEW</b>	
STREET ADDRESS	<b>276 NW 97 AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, AL</b>	
STREET ADDRESS	<b>300 NW 97 AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDINO, ROBERT</b>	
STREET ADDRESS	<b>332 NW 97TH AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>I</b>	<input type="checkbox"/> Delete
NAME	<b>DECASTRO, NESTOR</b>	
STREET ADDRESS	<b>428 NW 97TH AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SEC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Phyllis TORMO</b>	
STREET ADDRESS	<b>316 NW 97 AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CACCIOPPO, MATTHEW</b>	
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		
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: *Matthew Cacchioppo* (Printed Name)

CR2E037 (10/02)