FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

94 AUG 15 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31789 (3)

1. Corporation Name
THE WINDS AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.

Mailing Address
~~8100 S.R. 84~~
2975 SOUTH UNIVERSITY DRIVE
DAVIE FL 33324
US

Principal Place of Business
~~K. WURTENBERGER & SCHOTTENFELD, P.A.~~
2975 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 07/27/1993
4. FEI Number: 65-0365353
Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WURTENBERGER, KENNETH P.
~~WURTHENBERGER & SCHOTTENFELD~~
2875 S UNIVERSITY DRIVE
DAVIE FL 33328

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D/P	
12 NAME	RUIZ, LILIANA	
13 STREET ADDRESS	950 SW 87TH TERRACE	
14 CITY-ST-ZIP	PLANTATION FL	
21 TITLE	D	
22 NAME	CUENCA ARMANDO	
23 STREET ADDRESS	200 S. PINE ISLAND RD. # 106	
24 CITY-ST-ZIP	PLANTATION FL 33324	
31 TITLE	V/D	
32 NAME	RUIZ MARIO	
33 STREET ADDRESS	950 S.W. 87TH TERRACE	
34 CITY-ST-ZIP	PLANTATION FL	
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

87

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am not an officer or director of this corporation or this qualified foreign corporation with a revoked certificate of authority pursuant to Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 1, 2 or Block 3 if changed, or is added hereby with an address.

SIGNATURE: Mario Ruiz 08/02/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date