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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:54

DOCUMENT # **N31789** **(3)**

1. Corporation Name

THE WINDS AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2875 SOUTH UNIVERSITY DRIVE DAVIE, FL 33324- US	2875 SOUTH UNIVERSITY DRIVE DAVIE, FL 33324- US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1989
3a. Date of Last Report: 08/10/1994
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 with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 8270 STATE ROAD 84	26 8270 STATE ROAD 84
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 DAVIE, FLORIDA	28 DAVIE, FLORIDA
24 Zip 33328 25 Country BROWARD	29 Zip 33328 30 Country BROWARD

9. Name and Address of Current Registered Agent

WURTENBERGER, KENNETH P
2875 SOUTH 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, 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, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Frank Erhman 10977 W. Broward Blvd. PLANTATION FL 33324	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition DP TERHMAN, FRANK 10977 W. BROWARD BLVD. PLANTATION, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUENCA, ARMANDO 10985 W. BROWARD BLVD. PLANTATION FL 33324	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D RUIZ, LILLIANA 950 S.W. 87 TERRACE PLANTATION, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUIZ, MARIO 950 S.W. 87TH TERRACE PLANTATION FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Frank Ehrman FRANK EHRMAN 3/1/95 3054247982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047281