

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31789 (3)

1. Corporation Name

THE WINDS AT JACARANDA HOMEOWNERS' ASSOCIATION,  
INC.

Principal Place of Business

8270 STATE ROAD 84  
DAVIE, FL 33328  
US

Mailing Address

8270 STATE ROAD 84  
DAVIE, FL 33324-4641  
US

2. Principal Place of Business

21 11530 STATE RD 84

Suite, Apt. #, etc.

22 City &amp; State

23 DAVIE, FL

Zip

Country

24 33325

25

2a. Mailing Address

26 11530 ST RD 84

Suite, Apt. #, etc.

27 City &amp; State

28 DAVIE, FL

Zip

Country

29 33325

30

3. Date Incorporated or Qualified

04/19/1989

3a. Date of Last Report

05/19/1996

4. FEI Number

65-0365353

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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  
2875 SOUTH UNIVERSITY DRIVE  
DAVIE, FL 33328

10. Name and Address of New Registered Agent

81 Name

FRANK EHRMAN

82 Street Address (P.O. Box Number is Not Acceptable)

10977 W BROWARD BLVD.

83

84 City

PLANTATION

FL

85 Zip Code

33324

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

FRANK EHRMAN

*Frank Ehrman*

5/2/97

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EHMAN, FRANK	
STREET ADDRESS	10977 W. BROWARD BLVD.	
CITY - ST - ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASON, ROBERT	
STREET ADDRESS	10971 WEST BROWARD BLVD.	
CITY - ST - ZIP	PLANTATION FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUIZ, MARIO	
STREET ADDRESS	950 S.W. 87TH TERRACE	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D	
1.3 STREET ADDRESS	NERGETTE STEPHAN	
1.4 CITY - ST - ZIP	10981 W. BROWARD BLVD. PLANTATION FL 33324	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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:

*Frank Ehrman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/97 954 414 7248

Daytime Phone # 0037206

CR2E037 (9/96)