

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90345 029 \*\*\*\*61.25

**DOCUMENT # N31789**

Entity Name

**THE WINDS AT JACARANDA HOMEOWNERS' ASSOCIATION,**

**814821**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O SUNDANCE PROPERTY MANAGEMENT 11510 W. SAMPLE RD., STE. 5 CORAL SPRINGS FL 33065 US	Mailing Address C/O SUNDANCE PROPERTY MANAGEMENT 11510 W. SAMPLE RD., STE. 5 CORAL SPRINGS FL 33065 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0365353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

JENNINGS & VALANCY, P.A.  
 ONE EAST BROWARD BLVD.  
 SUITE 1505  
 FT. LAUDERDALE FL 33301

**7. Name and Address of New Registered Agent**

Name: **JENNINGS & VALANCY, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable): **311 S.E. 13th STREET**  
 ATTN: **STEVEN S. VALANCY**  
 City: **FT. LAUDERDALE** FL Zip Code: **33316**

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.

SIGNATURE: **Steven Valancy** DATE: **02-05-01**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

**10. OFFICERS AND DIRECTORS**

TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	NERETTE, STEFEN
STREET ADDRESS	10931 W. BROWARD PLANTATION FL
CITY-ST-ZIP	
TITLE	D SECRETARY <input type="checkbox"/> Delete
NAME	DIAMOND, DENISE
STREET ADDRESS	10981 W. BROWARD PLANTATION FL
CITY-ST-ZIP	
TITLE	D PRESIDENT <input type="checkbox"/> Delete
NAME	RUBIN, SEYMOUR
STREET ADDRESS	10987 W BROWARD BLVD PLANTAITON FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete
NAME	LANSMAN, DAN
STREET ADDRESS	10937 W. BROWARD BLVD PLANTATION FL
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete
NAME	STONE, CARLOTTA
STREET ADDRESS	10925 W. BROWARD BLVD PLANTATION FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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: **SEYMOUR RUBIN** DATE: **2/25/01** Daytime Phone #: **954-255-6990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)