

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90424 018 ****61.25

DOCUMENT # N31789

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



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**

94064083



2. Principal Place of Business
**C/O DOVERNE PROPERTIES, INC.
Suite, Apt. #, etc.
15092 SW 36 STREET**

3. Mailing Address
**C/O DOVERNE PROPERTIES, INC.
Suite, Apt. #, etc.
P.O. Box 350454**

04162004 Chg-NP CR2E037 (10/03)

City & State
DAVIE, FLORIDA

City & State
FORT LAUDERDALE, FLORIDA

4. FEI Number
65-0365353

Applied For
Not Applicable

Zip
33331

Country
US

Zip
33335

Country
US

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JENNINGS & VALANCY, P.A.
311 SE 13TH STREET
ATTN: STEVEN S. VALANCY
FORT LAUDERDALE, FL 33316**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **P** ☒ Delete
NAME **PAIGE, PIA**
STREET ADDRESS **10985 W. BROWARD BLVD.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **VP** ☒ Delete
NAME **MANIERO, MAGALI**
STREET ADDRESS **10965 W. BROWARD BLVD.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **T** ☒ Delete
NAME **GONZALEZ, MARCOS**
STREET ADDRESS **10971 W. BROWARD BLVD.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **S** ☐ Delete
NAME **PEREZ, ZENIA**
STREET ADDRESS **10903 W. BROWARD BLVD**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **D** ☒ Delete
NAME **ZDANOWICZ, TARA**
STREET ADDRESS **10983 W. BROWARD BLVD.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **SCHILLING, RUSSELL L.**
STREET ADDRESS **10969 W. BROWARD BLVD.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **T** ☐ Change ☒ Addition
NAME **PETTIT, DAVID**
STREET ADDRESS **10951 W. BROWARD BLVD.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **S** ☐ Change ☒ Addition
NAME **JACKSON, KEITH**
STREET ADDRESS **10973 W. BROWARD BLVD.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **SHEA, RICHARD**
STREET ADDRESS **10915 W. BROWARD BLVD.**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Change ☐ 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.