

FILE NOW: FILING FEE IS \$61.25

FILED

RE
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N33616 1. Corporation Name LAKE OF THE WOODS OF JACARANDA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business c/o TAYLOR WOODROW 7120 SOUTH BENEVA RD SARASOTA, FL 34238		Mailing Address c/o TAYLOR WOODROW 7120 SOUTH BENEVA RD SARASOTA, FL 34238	
2. Principal Place of Business 21 c/o TAYLOR WOODROW COMMUNITIES		3. Date Incorporated or Qualified 08/08/1989	
Suite, Apt. #, etc.		3a. Date of Last Report 04/26/1996	
22 City & State		4. FEI Number 65-0137024	
23 Zip		Applied For Not Applicable	
24 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
26		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
28		9. Name and Address of Current Registered Agent	
29		10. Name and Address of New Registered Agent	
30		81 Name	
JOHN R. PESHKIN c/o TAYLOR WOODROW COMMUNITIES 7120 SOUTH BENEVA ROAD SARASOTA, FL 34238		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE ☐ Change ☐ Addition			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE ☐ Change ☐ Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE ☐ Change ☐ Addition			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE ☐ Change ☐ Addition			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE ☐ Change ☐ Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE ☐ Change ☐ Addition			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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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: _____ 4/8/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (9/96)