

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90237 029 ****61.25

0067903

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33616

1. Corporation Name

LAKE OF THE WOODS OF JACARANDA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O TAYLOR WOODROW COMMUNITIES
7120 SOUTH BENEVA RD.
SARASOTA FL 34238
US

C/O TAYLOR WOODROW COMMUNITIES
7120 SOUTH BENEVA RD.
SARASOTA FL 34238
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/08/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0137024

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PESHKIN, JOHN R.
C/O TAYLOR WOODROW COMMUNITIES
7120 S BENEVA ROAD
SARASOTA FL 34238**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

PESHKIN, JOHN R.

1.2 NAME

STREET ADDRESS

7120 S. BENEVA RD.

1.3 STREET ADDRESS

CITY-ST-ZIP

SARASOTA FL

1.4 CITY-ST-ZIP

TITLE

VD

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

MILLER, MICHAEL T.

2.2 NAME

STREET ADDRESS

7120 S. BENEVA RD.

2.3 STREET ADDRESS

CITY-ST-ZIP

SARASOTA FL

2.4 CITY-ST-ZIP

TITLE

STD

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

BAKAN, STEVEN A.

3.2 NAME

STREET ADDRESS

7120 S. BENEVA RD

3.3 STREET ADDRESS

CITY-ST-ZIP

SARASOTA FL

3.4 CITY-ST-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Michael T. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99 941-927-0999

CR2E037 (11/98)