## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## **FILED DOCUMENT # N33616** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name LAKE OF THE WOODS OF JACARANDA HOMEOWNERS ASSOCI 04-10-2000 90090 027 \*\*\*\*61.25 Mailing Address Principal Place of Business C/O TAYLOR WOODROW COMMUNITIES C/O TAYLOR WOODROW COMMUNITIES 7120 SOUTH BENEVA RD. 7120 SOUTH BENEVA RD. SARASOTA FL 34238 SARASOTA FL 34238-2850 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0137024 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PESHKIN, JOHN R. C/O TAYLOR WOODROW COMMUNITIES 7120 S BENEVA ROAD City Zip Code FI SARASOTA FL 34238 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 Addition ☐ Change Delete TITLE 710 TITLE NAME Miller Michael I 71205 Beneva R NAME Peshkin, John R. STREET ADDRESS STREET ADDRESS 7120 S. BENEVA RD. CITY-ST-ZIP CITY-ST-7/P garasola FL SARASOTA FL Addition **Delete** VID ☐ Change TITLE TITLE W Ivin, David T. NAME NAME MILLER, MICHAEL T. STREET ADDRESS STREET ADDRESS 7120 S. BENEVA RD. CITY-ST-ZIE CITY-ST-ZIP SARASOTA FL ☐ Addition Change TITLE STD ☐ Delete TITLE NAME BAKAN, STEVEN A. NAME STREET ADDRESS STREET ADDRESS 7120 S. BENEVA RD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone