2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90023 025 ****61.25

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DOCUMENT # N33616

1. Entity Name

LAKE OF THE WOODS OF JACARANDA HOMEOWNERS ASSOCI

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
899 Woodbridge Dr.	899 Woodbridge Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice FL	City & State: Venice FL
Zip: 34293 Country: USA	Zip: 34293 Country: USA

4. FEI Number 65-0137024 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PESHKIN, JOHN R.~~ JAMES A BARRY ~~C/O TAYLOR WOODROW COMMUNITIES~~ ~~ADVANCED ACI~~ ~~7120 S BENEVA ROAD~~ SARASOTA FL 34238	Name: James A. Barry Street Address (P.O. Box Number is Not Acceptable): 899 Woodbridge Drive City: Venice FL Zip Code: 34293

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: James A Barry JAMES A BARRY, AGENT 4/16/2001
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, MICHAEL T 7120 S BENEVA RD SARASOTA FL 34238	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES CONARD 899 WOODBRIDGE DR VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD IVIN, DAVID T 7120 S BENEVA RD SARASOTA FL 34238	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROBERT BEECH 899 WOODBRIDGE DR VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BAKAN, STEVEN A. 7120 S. BENEVA RD SARASOTA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHN WYNNE 899 WOODBRIDGE DR VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLARENCE ENYART 899 WOODBRIDGE DR VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUCE FRIEDLANDER 899 WOODBRIDGE DR VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: JAMES T WIECONA APPROVED James A Barry PRES 4-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #