2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N33616

Entity Name: LAKE OF THE WOODS OF JACARANDA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 65-0137024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: CUSUMANO, GUY
Address: 557 LAUREL CHERRY LANE
City-St-Zip: VENICE, FL 34293

Title: PD ( ) Delete
Name: HAFER, STEVEN
Address: 830 WOOD SORRELL LANE
City-St-Zip: VENICE, FL 34293

Title: VD ( ) Delete
Name: BEIMA, JOSEPH
Address: 523 LAKE OF THE WOODS DRIVE
City-St-Zip: VENICE, FL 34293

Title: TD ( ) Delete
Name: MEINTS, WILLIAM
Address: 752 SILK, OAK DRIVE
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete
Name: FAHEY, GREG
Address: 829 DAHOON CIRCLE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: HAFER, STEVEN
Address: 830 WOOD SORRELL LANE
City-St-Zip: VENICE, FL 34293

Title: PD (X) Change ( ) Addition
Name: BEIMA, JOSEPH
Address: 523 LAKE OF THE WOODS DRIVE
City-St-Zip: VENICE, FL 34293

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WELTZIEN, BEVERLY
Address: 862 DAHOON CIRCLE
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BEIMA PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date