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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729491** **(1)**

1. Corporation Name

JACARANDA WEST HOMEOWNERS' ASSOCIATION #I, INC.

Principal Place of Business	Mailing Address
16 CHURCH ST ~~800 SOUTH TAMIAMI TRAIL~~ OSPREY FL 34229 US	16 CHURCH ST ~~800 SOUTH TAMIAMI TRAIL~~ OSPREY FL 34229-8991 US

3. Date Incorporated or Qualified: 06/07/1974
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business	2a. Mailing Address
21 Lighthouse Mgmt. & Realty	26 Lighthouse Mgmt & Realty
22 Suite, Apt. #, etc. 16 Church St.	27 Suite, Apt. #, etc. 16 Church St.
23 City & State Osprey Fl.	28 City & State Osprey Fl.
24 Zip 34229 25 Country US	29 Zip 34229 30 Country US

4. FEI Number: 59-1786896 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

LIGHTHOUSE MANAGEMENT AND REALTY
16 CHURCH ST
OSPREY FL 34229

10. **Name and Address of New Registered Agent**

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: J. Lloyd Keith, Managing Agent & Assist Secretary — DATE: 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	NICHOLSON, ROBERT		1.2 NAME	RUSTLER, JEROME
STREET ADDRESS	1904 PEBBLE BEACH CT.		1.3 STREET ADDRESS	1824 IRONWOOD CT.
CITY-ST-ZIP	VENICE, FL 00000		1.4 CITY-ST-ZIP	Venice, FL.
TITLE	D	☒ DELETE	2.1 TITLE	VPD ☐ Change ☒ Addition
NAME	SANDERS, ED		2.2 NAME	Reichstetter, Tony
STREET ADDRESS	1002 BLUE WING CT		2.3 STREET ADDRESS	1912 INNISBROOK CT
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	Venice, FL
TITLE	SD	☐ DELETE	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	CROSS, DARLENE D		3.2 NAME	GOINS, WILLIAM
STREET ADDRESS	1813 PLUM LN		3.3 STREET ADDRESS	1921 Innisbrook Ct.
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Venice, FL.
TITLE	ASD	☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	KEITH, J. LLOYD		4.2 NAME	BASTA, LARRY
STREET ADDRESS	830 S. TAMIAMI TRAIL		4.3 STREET ADDRESS	1010 Betsy CT.
CITY-ST-ZIP	OSPREY FL		4.4 CITY-ST-ZIP	Venice, FL.
TITLE	VPD	☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	MOORE, DOT		5.2 NAME	Dueppig, Bill
STREET ADDRESS	1825 IRONWOOD CT		5.3 STREET ADDRESS	929 GONDOLA DR. S.
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP	Venice FL.
TITLE	D	☒ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	GOINS, WILLIAM D		6.2 NAME	Smith, Karal
STREET ADDRESS	1921 INNISBROOK CT		6.3 STREET ADDRESS	1929 INNISBROOK CT.
CITY-ST-ZIP	VENICE FL		6.4 CITY-ST-ZIP	Venice, FL.

CR2E037 (9/96)

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: ~~[illegible]~~ J. LLOYD KEITH ASST SECT 4-14-97 941-966-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062696

#13 ✓ change ~~add~~

ASD
Keith, J. Lloyd
16 Church St.
Osprey, Fl.