

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729491 (1)
1. Corporation Name
JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.



Principal Place of Business LIGHTHOUSE MGMT. & REALTY 18 CHURCH ST. OSPREY FL 34229 US	Mailing Address LIGHTHOUSE MGMT. & REALTY 18 CHURCH ST. OSPREY FL 34229 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/07/1974	4. FEI Number 59-1786896	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LIGHTHOUSE MANAGEMENT AND REALTY
18 CHURCH ST
OSPREY FL 34229**

10. Name and Address of New Registered Agent 81 Name Tony Deichstetter, Pres. 82 Street Address (P.O. Box Number is Not Acceptable) JACARANDA WEST HOA #1, INC. 83 16 Church St. 84 Osprey FL 85 Zip Code 34229

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 **Tony Deichstetter, Pres.**
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
PD	RUSTLER, G. JEROME	<input checked="" type="checkbox"/> DELETE
1824 IRONWOOD CT.	1824 IRONWOOD CT.	
VENICE, FL 00000	VENICE, FL 00000	
VPD	DEICHSTETTER, TONY	<input checked="" type="checkbox"/> DELETE
1812 INNS BROOK CT.	1812 INNS BROOK CT.	
VENICE FL	VENICE FL	
SD	GOINS, WILLIAM	<input checked="" type="checkbox"/> DELETE
1821 INNSBROOK CT.	1821 INNSBROOK CT.	
VENICE FL	VENICE FL	
D	BASTA, LARRY	<input checked="" type="checkbox"/> DELETE
1010 BETSY CT.	1010 BETSY CT.	
VENICE FL	VENICE FL	
D	DUEPIG, BILL	<input type="checkbox"/> DELETE
929 GONDOLA DR. S.	929 GONDOLA DR. S.	
VENICE FL	VENICE FL	
D	SMITH, KAROL	<input checked="" type="checkbox"/> DELETE
1829 INNSBROOK CT.	1829 INNSBROOK CT.	
VENICE FL	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS	STREET ADDRESS	
1.3 CITY-ST-ZIP	CITY-ST-ZIP	
PD	Deichstetter, Tony	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1912 INNSBROOK CT.	1912 INNSBROOK CT.	
VENICE FL	VENICE FL	
VPD	STUART, Anthony	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
940 S. DORAL PLANE	940 S. DORAL PLANE	
VENICE FL	VENICE FL	
SD	Smith, KAROL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1829 INNSBROOK CT.	1829 INNSBROOK CT.	
VENICE FL	VENICE FL	
D	BASTA, LARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1010 BETSY CT.	1010 BETSY CT.	
VENICE, FL.	VENICE, FL.	
D	McCross, Darlene	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1813 PLUM LANE	1813 PLUM LANE	
VENICE, FL	VENICE, FL	
ASB	Keith, Lloyd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16 Church Street	16 Church Street	
OSPREY FL	OSPREY FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **[Signature]** **3-18-98** **941 966 6844**

CR2E037 (10/97)