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**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90065 017 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 744359**

1. Corporation Name

**JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

C/O UNITED COMM MGT CORP  
3300 UNIV DRIVE #405  
CORAL SPRINGS FL 33065  
US

Mailing Address

C/O UNITED COMM MGT CORP  
3300 UNIV DRIVE #405  
CORAL SPRINGS FL 33065  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/25/1978

4. FEI Number

65-0027585

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

9. Name and Address of Current Registered Agent

FALK, MARIANNE  
910 SW 93RD AVENUE  
PLANTATION, FL FL 33324

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

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 PD  
NAME FALK, MARIANNE  
STREET ADDRESS 910 SW 93RD AVENUE  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE VPD  
NAME TRUTE, MELVYN  
STREET ADDRESS 1031 SW 93RD TERRACE  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE DS SP  
NAME STIEKMAN, KAREN  
STREET ADDRESS 960 SW 93RD AVE  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE D  
NAME HERBERT, RACHEL  
STREET ADDRESS 930 SW 93 AVE  
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Born, Lindy  
1031 SW 91 Ave.  
Plantation, FL 33324

Segal, Marc  
9330 SW 10 St  
Plantation, FL 33324

14. 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 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, with all other like empowered.

SIGNATURE: **Marianne Falk** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

476-1552

Date

Daytime Phone #

CR2E037 (11/98)