

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90023 020 ****61.25

DOCUMENT # 729491

1. Entity Name

JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.

Principal Place of Business

Mailing Address

LIGHTHOUSE MGMT. & REALTY
16 CHURCH ST.
OSPREY FL 34229
US

LIGHTHOUSE MGMT. & REALTY
16 CHURCH ST.
OSPREY FL 34229-9349
US

00010010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1786896

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEICHSTETTER, TONY
JACARANDA WEST HOA #1, INC.
16 CHURCH ST
OSPREY FL 34229

Name

Robert Shand

Street Address (P.O. Box Number is Not Acceptable)

JACARANDA WEST HOA #1, INC.
16 Church St.

City

Osprey

FL

Zip Code

34229

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

Robert E. Shand

Treasurer

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	VPD	<input type="checkbox"/> Delete
NAME	STUART, ANTHONY	
STREET ADDRESS	940 S. DORAL LANE	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEICHSTETTER, TONY	
STREET ADDRESS	1912 INNIS BROOK CT.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAECK, WILLIAM	
STREET ADDRESS	1937 COVE POINTE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, PATRICIA	
STREET ADDRESS	886 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUERIG, BILL	
STREET ADDRESS	929 GONDOLA DR. S.	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAND, ROBERT	
STREET ADDRESS	884 COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	VENICE FL 34293	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, ANTHONY	
STREET ADDRESS	940 S. DORAL LANE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUERIG, BILL	
STREET ADDRESS	929 GONDOLA DR. S.	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIDSON, Peggy	
STREET ADDRESS	1009 Kings Ct.	
CITY-ST-ZIP	Venice FL 34293	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shand, Robert	
STREET ADDRESS	884 Country Club Circle	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, Richard	
STREET ADDRESS	937 E. KATHY CT.	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, Lloyd	
STREET ADDRESS	16 Church St.	
CITY-ST-ZIP	Osprey, FL 34229	

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:

ROBERT E. SHAND, Treasurer

April 12-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)