

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90484 013 ****61.25

0075085

DOCUMENT # 729491

1. Entity Name

JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.

Principal Place of Business

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

Mailing Address

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

934200



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

~~SHAND, ROBERT~~
JACARANDA WEST HOA #1, INC.
16 CHURCH ST
OSPREY FL 34229

Name

William Jaeck

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

JACARANDA WEST HOA #1, Inc.

116 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

William C. Jaeck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/01

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 **DR** ☐ Delete
 NAME **STUART, ANTHONY**
 STREET ADDRESS **940 S. DORAL LANE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Stuart, Anthony**
 STREET ADDRESS **940 S. Doral Lane**
 CITY-ST-ZIP **Venice, FL. 34293**

TITLE **DS** ☐ Delete
 NAME **DAVIDSON, PEGGY**
 STREET ADDRESS **1009 KINGS CT**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **DV** ☒ Change ☐ Addition
 NAME **DAVIDSON, Peggy**
 STREET ADDRESS **1009 Kings Ct**
 CITY-ST-ZIP **Venice, FL. 34293**

TITLE **D** ☐ Delete
 NAME **JAECK, WILLIAM**
 STREET ADDRESS **1937 COVE POINTE DR**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **DT** ☒ Change ☐ Addition
 NAME **Jaeck, William**
 STREET ADDRESS **1937 Cove Pointe Dr.**
 CITY-ST-ZIP **Venice, FL. 34293**

TITLE **D** ☐ Delete
 NAME **CLARK, RICHARD**
 STREET ADDRESS **937 E KATHY CT**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DX** ☐ Delete
 NAME **DUERIG, BILL**
 STREET ADDRESS **929 GONDOLA DR. S.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☒ Change ☐ Addition
 NAME **Duerig, Bill**
 STREET ADDRESS **929 Gondola Dr. S.**
 CITY-ST-ZIP **Venice, FL. 34293**

TITLE **DR** ☐ Delete
 NAME **SHAND, ROBERT**
 STREET ADDRESS **884 COUNTRY CLUB CIRCLE**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **DR** ☒ Change ☐ Addition
 NAME **Shand, Robert**
 STREET ADDRESS **884 Country Club Cir**
 CITY-ST-ZIP **Venice, FL. 34293**

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:

William C. Jaeck
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)