

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90178 042 \*\*\*\*61.25

**DOCUMENT # N23784**

1. Entity Name

**CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10191 W SAMPLE RD  
 STE 203  
 CORAL SPRINGS FL 33065  
 US

10191 W SAMPLE RD  
 STE 203  
 CORAL SPRINGS FL 33065  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0055065

Applied For

Not Applicable

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

CALDERAZZO, JAMES  
 10191 W. SAMPLE RD.  
 CORAL SPRINGS, FLA.  
 CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

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

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 **Director** ☐ Delete  
 NAME **SELY, ANNE**  
 STREET ADDRESS **336 N.W. 97TH AVENUE**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Amey Astron**  
 STREET ADDRESS **312 NW 97 ave**  
 CITY-ST-ZIP **Plantation FL 33324**

TITLE **SD** ☒ Delete  
 NAME **LEPZIGER, DORRITH**  
 STREET ADDRESS **232 NW 97TH AVE.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **P** ☐ Change ☒ Addition  
 NAME **Matthew Caccioppo Pres.**  
 STREET ADDRESS **276 NW 97 ave**  
 CITY-ST-ZIP **Plantation FL 33324**

TITLE **VP** ☒ Delete  
 NAME **VIGLIOTTI, JAMES**  
 STREET ADDRESS **356 NW 97TH AVE.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Al Goodman V.P.**  
 STREET ADDRESS **300 NW 97 ave**  
 CITY-ST-ZIP **Plantation FL 33324**

TITLE **D** ☒ Delete  
 NAME **STEWART, ARNOLD**  
 STREET ADDRESS **400 NW 97TH AVE**  
 CITY-ST-ZIP **SUNRISE FL 33324**

TITLE **T** ☐ Change ☒ Addition  
 NAME **Nestor DeCastro**  
 STREET ADDRESS **428 NW 97 Ave**  
 CITY-ST-ZIP **Plantation, FL 33324**

TITLE **D** ☐ Delete  
 NAME **FERNANDINO, ROBERT**  
 STREET ADDRESS **332 NW 97TH AVE**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Secretary Phyllis Tormo**  
 STREET ADDRESS **316 NW 97 Ave**  
 CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: *Matthew Caccioppo* **Matthew Caccioppo** 3/12/02 954 753-7966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)