2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 10, 2004 8:00 am **Secretary of State** DOCUMENT # N14114 1. Entity Name 03-10-2004 90018 016 ****61.25 CHATHAM TOWNE AT JACARANDA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 71 NW 98TH TERRACE PLANTATION FL 33324 C/O COOPERATIVE MANAGEMENT GROUP 54016735 PO BOX 590518 FORT LAUDERDALE FL 33359 2. Principal Place of Business 3. Mailing Address 5300 Powerline Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number 59-2778388 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent LEVINE, CHERYL J COURTYARD BUSINESS CENTER 4694 NW 103RD AVENUE Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351-7970 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD VΣ Addition Change TITLE TITLE CAIN, SUSAN ROSSMAN, DIANNE NAME NAME 83 NW 98 TERR 71 NW 98 TERR STREET ADDRESS STREET ADDRESS PLANTATION, FL 33324 PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE MANN, RENEE S NAME NAME 9826 NW 1ST COURT STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIF =(=)-Change -TITLE Delete CARSON, GEORGE W NAME 9815 NW 1ST COURT STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT Change Addition TITLE Delete TITLE PACK, MARVIN NAME NAME 9845 NW 1ST CT STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CATY - ST- ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE HART, DON HURT, DON NAME NAME 4855 NW 1 CT. 9855 NW 1 CT. STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 FL 33324 PLANTATION. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 of trustee empowered by 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.

FILED

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Daytime Phone #