


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90036 042 ****61.25

DOCUMENT # 744359					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03252004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0027585	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED COMMUNITY MGMT. 3300 UNIVERSITY DR #405 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARIOL, MARIE		NAME	Dolen-Dorn, Linda	
STREET ADDRESS	990 SW 93 AVE		STREET ADDRESS	1031 S.W. 91 Avenue	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN, GWEN		NAME	Falk, Bennett	
STREET ADDRESS	923 SW 93 AVE		STREET ADDRESS	910 SW 93rd Avenue	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, JULIANNA		NAME	Marks, Alan	
STREET ADDRESS	950 SW 93 AVENUE		STREET ADDRESS	1040 S.W. 91st Avenue	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT, RACHEL		NAME	Bizer, Sue	
STREET ADDRESS	930 SW 93 AVE		STREET ADDRESS	1001 S.W. 93rd Terrace	
CITY-ST-ZIP	PLANTATION, FL		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORN, LINDY		NAME	Falk, Marianne	
STREET ADDRESS	1031 SW 91 AVE		STREET ADDRESS	910 S.W. 93rd Avenue	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUTE, MELVYN		NAME		
STREET ADDRESS	1031 SW 93 TERR		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		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: <i>Rachel Herbert</i> RACHEL HERBERT 3-29-04 954-423-9494					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					