


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90416 009 ****61.25

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		
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 59-1786896	
				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		
JAECK, WILLIAM JACARANDA WEST HOA #1, INC. 16 CHURCH ST OSPREY, FL 34229			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)					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD	<input checked="" type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAYTON, BRUCE		NAME	FORD, PAUL T.	
STREET ADDRESS	1612 E. CYPRESS PT DR		STREET ADDRESS	1027 KINGS CT.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARSON, CLIFTON		NAME	SABAND, ROBERT	
STREET ADDRESS	1806 PLUM LN		STREET ADDRESS	849 COUNTRY CLUB CIR	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAECK, WILLIAM		NAME	KRUM, STEPHEN	
STREET ADDRESS	1937 COVE POINTE DR		STREET ADDRESS	2044 OAKRIDGE CIR.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILSON, CHRISTINE		NAME	PURDY, ROBERT	
STREET ADDRESS	2070 OAKRIDGE CR		STREET ADDRESS	924 DORAL LANE S.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUERIG, BILL		NAME	STUART, ANTHONY	
STREET ADDRESS	929 GONDOLA DR. S.		STREET ADDRESS	940 DORAL LANE S.	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 William C. Jaeck 4/18/06 941-492-9147