

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90086 002 \*\*\*\*61.25

**DOCUMENT # 731330**



1. Entity Name  
**TOWNHOUSES AT JACARANDA CONDOMINIUM  
ASSOCIATION, INC.**

Principal Place of Business  
**8201 NW 8TH STREET  
PLANTATION, FL 33324**

Mailing Address  
**8201 NW 8TH STREET  
PLANTATION, FL 33324**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1602682

Applied or

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

**LINDIE, BETH G  
315 S.E. 7TH STREET  
SUITE 300  
FT. LAUDERDALE, FL 33301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAREY	
STREET ADDRESS	8238 NW 8 COURT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PRENTIS H JR	
STREET ADDRESS	8205 NW 9 COURT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, HAROLD	
STREET ADDRESS	8198 NW 8 MANOR	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRAHM, STEVE	
STREET ADDRESS	8218 NW 9TH CT	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALOMON, EMANUEL	
STREET ADDRESS	861 NW 81ST TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICKENBACKER, JANET	
STREET ADDRESS	862 NW 81 TERRACE	
CITY-ST-ZIP	PLANTATION, FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prentis H. Johnson, Jr	
STREET ADDRESS	8205 NW 9th Court	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Lovell	
STREET ADDRESS	855 NW 80th Terrace	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emanuel Salomon	
STREET ADDRESS	861 NW 81st Terrace	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ben Odebralski	
STREET ADDRESS	837 NW 80th Way	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan Sklar	
STREET ADDRESS	837 NW 81st Way	
CITY-ST-ZIP	Plantation, FL 33324	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/07

(954) 472-2283