2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001993

FILED May 01, 2008 Secretary of State

Entity Name: COURTYARDS AT JACARANDA CONDOMINIUM ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
	CARANDA CC DR ION, FL 33324 US	
Current N	lailing Address:	New Mailing Address:
	CARANDA CC DR ION, FL 33324 US	
In accordan	: 56-2519030 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation did n	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:
120 S JAC PLANTAT	(, WILLIAM H CARANDA CC DR ION, FL 33324 US	numbers of changing its registered office and selected against a least
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Registered Ag	gent Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DPT () Delete FOGARTY, WILLIAM H 120 S JACARANDA CC DR #104 PLANTATION, FL 33324 US	Title: () Change () Addition Name: Address: City-St-Zip:
	DVP () Delete	
Name: Address:	HOWARD-RAMOS, SANDRA 130 S JACARANDA CC DR #103 PLANTATION, FL 33324 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address: Cdty-St-Zip:	130 S JACARANDA CC DR #103	Name: Address:
Name: Address: City-St-Zip: Title: Name: Address:	130 S JACARANDA CC DR #103 PLANTATION, FL 33324 US DS () Delete RAPOPORT, MARNI 130 S JACARANDA CC DR #203	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. FOGARTY PRES 05/01/2008