

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722719 (2)
1. Corporation Name
JACARANDA ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
9001 JACARANDA LANE PLANTATION FL 33324 **9001 JACARANDA LANE PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1972** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1423575** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOLLY, BRUCE W., ESQ.
1322 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33316**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory.)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KLINGER, CLARENCE
STREET ADDRESS	9101 JACARANDA LANE
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	CUNNINGHAM, ROBERT E.
STREET ADDRESS	9001 JACARANDA LANE
CITY - ST - ZIP	PLANTATION FL
TITLE	DT
NAME	MICEL, LOYCE
STREET ADDRESS	9001 JACARANDA LANE
CITY - ST - ZIP	PLANTATION FL
TITLE	VD
NAME	RIEGER, CARL WM., SR.
STREET ADDRESS	9001 JACARANDA LN.
CITY - ST - ZIP	PLANTATION FL
TITLE	SD
NAME	SULYOK, ALEX
STREET ADDRESS	8000 JACARANDA LANE
CITY - ST - ZIP	PLANTATION, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	XX Change <input type="checkbox"/> Addition
22 NAME	SCHMID, WILLIAM H.
23 STREET ADDRESS	9101 JACARANDA LANE
24 CITY - ST - ZIP	PLANTATION, FL.
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Loyce B Micel **LOYCE B. MICEL, TREAS.** **4/28/95** **(305)472-7062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #