

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90182 046 ****61.25

DOCUMENT # 722719

1. Entity Name

JACARANDA ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9001 JACARANDA LANE
 PLANTATION FL 33324

Mailing Address

9001 JACARANDA LANE
 PLANTATION FL 33324-3605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1423575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRANDT, HERBERT	
STREET ADDRESS	9000 JACARANDA LN, #102	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STUTZ, KERRY	
STREET ADDRESS	9050 JACARANDA LN, #2B1	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MICEL, LOYCE	
STREET ADDRESS	9001 JACARANDA LANE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIEGER, CARL WM., SR.	
STREET ADDRESS	9001 JACARANDA LN.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWEENEY, JAMES	
STREET ADDRESS	9000 JACARANDA LN, 105	
CITY-ST-ZIP	PLANTATION, FL 00000 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORNETT, STEPHEN	
STREET ADDRESS	9050 JACARANDA LN #3-1B1	
CITY-ST-ZIP	PLANTATION, FL. 33324	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORACE, JOVITA M.	
STREET ADDRESS	9001 JACARANDA LN. #202	
CITY-ST-ZIP	PLANTATION, FL. 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, JAMES	
STREET ADDRESS	9000 JACARANDA LN. #105	
CITY-ST-ZIP	PLANTATION, FL. 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Signature of Loyce B. Micel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOYCE B. MICEL DT

4/26/00

(954)472-7062

Date

Daytime Phone #

CR2E037 (9/99)