


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90181 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			
2. Principal Place of Business		3. Mailing Address 11530 ST RD 84			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DAVIE FL		4. FEI Number 59-1423575	
Zip		Country		Applied For Not Applicable	
Zip 33325		Country USA		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		
WEST BROWARD COMMUNITY MGT. 11530 STATE ROAD 34 DAVIE, FL 33325			Name Street Address (P.O. Box Number is Not Acceptable) 11530 STATE ROAD 84 City FL Zip Code		
CORRECTION →					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, MICHAEL 9050 JACARANDA LANE, #11A PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOMBS, BRAD 381 NW 95 AVE PLANTATION FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, VICKI 9001 JACARANDA LANE #102 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, SHAYNE 9101 JACARANDA LANE #W203 PLANTATION FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MICEL, LOYCE 9001 JACARANDA LANE #E103 PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HEBERT, J.A. 9101 JACARANDA LANE #W102 PLANTATION FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEGER, CARL SR. 9000 JACARANDA LANE #S206 PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEENEY, JIM 9000 JACARANDA LANE #105 FORT LAUDERDALE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NADEAU, BERTRAND 9000 JACARANDA LANE #S103 PLANTATION FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		J. Shayne O'Brien		Date 4/18/2006 817-229-1664	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40069040



01112006 Chg-NP CR2E037 (11/05)