

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90078 039 ****61.25

DOCUMENT # 722719



1. Entity Name
JACARANDA ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**9001 JACARANDA LANE
 PLANTATION, FL 33324**

Mailing Address
**11530 ST RD 84
 DAVIE, FL 33325**

40075650



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

3. Mailing Address

04092007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1423575

Applied For
 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

~~WEST BROWARD COMMUNITY MGT. 41630 STATE RD 84 DAVIE, FL 33325~~
Phoenix Management

Name **Phoenix Management Services**

Street Address (P.O. Box Number is Not Acceptable)

4800 N. State Road 7 # F-105

City **Lauderdale Lakes FL** Zip Code **33319**

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	P	<input type="checkbox"/> Delete
NAME	COOMBS, BRAD	
STREET ADDRESS	381 NW 95TH AVE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, SHAYNE	
STREET ADDRESS	9101 JACARANDA LN #W203	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HERBERT, J.A.	
STREET ADDRESS	9101 JACARANDA LN # W102	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIEGER, CARL SR.	
STREET ADDRESS	9000 JACARANDA LANE #S206	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	NADEAU, BERTRAND	
STREET ADDRESS	9000 JACARANDA LN # S103	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK MICHAEL	
STREET ADDRESS	9050 JACARANDA LANE # 42-B	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER DONNA	
STREET ADDRESS	9000 JACARANDA LANE # 108-S	
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 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 #

[Signature] **Brad Coombs** 4/12/07