

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90037 028 \*\*\*\*61.25

**40050023**



02012008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1423575** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

**PHOENIX MANAGEMENT SERVICES  
 4800 N. STATE ROAD 7 #F-105  
 LAUDERDALE LAKES, FL 33319**

**7. Name and Address of New Registered Agent**

Name **PHOENIX Mgmt.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4800 N. STATE RD. 7 #F-105**  
 City **LAUDERDALE LKS** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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 type="checkbox"/> Delete
NAME	BROCK, MICHAEL	
STREET ADDRESS	9050 JACARANDA LANE #42-B	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUNTER, DONNA	
STREET ADDRESS	9000 JACARANDA LANE #108-5	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** *Brad Coombs* **3.14.08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #