


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90947 012 ****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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

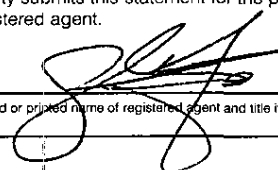
4. FEI Number **59-1423575**

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 **WEST BROWARD Community Mgmt.**
Street Address (P.O. Box Number is not Acceptable) **11330 STATE ROAD 84**
City **DAVIE** FL Zip Code **33325**

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  **SALVATORE F. FIORE** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 SD	<input checked="" type="checkbox"/> Delete
NAME COOMBS, BETTY J	
STREET ADDRESS 9101 JACARANDA LN. #106	
CITY-ST-ZIP PLANTATION FL 33324	
TITLE VP	<input type="checkbox"/> Delete
NAME CORACE, JOVITA M	
STREET ADDRESS 9001 JACARANDA LN. #202	
CITY-ST-ZIP PLANTATION FL 33324	
TITLE DT	<input checked="" type="checkbox"/> Delete
NAME MICEL, LOYCE	
STREET ADDRESS 9001 JACARANDA LANE	
CITY-ST-ZIP PLANTATION FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME CALVO, ESTRELLA	
STREET ADDRESS 9101 JACARANDA LN. #207	
CITY-ST-ZIP PLANTATION FL 33324	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME SWEENEY, JAMES	
STREET ADDRESS 9000 JACARANDA LN, 105	
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 D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROCK, MICHAEL	
STREET ADDRESS 9050 JACARANDA LANE #42B	
CITY-ST-ZIP PLANTATION, FL 33324	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RIEGER, CARL SR	
STREET ADDRESS 9000 JACARANDALANE #S206	
CITY-ST-ZIP PLANTATION FL 33324	
TITLE D Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICEL LOYCE	
STREET ADDRESS 9001 JACARANDA LANE #E103	
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 President Sweeney, Jim	
STREET ADDRESS 9000 JACARANDA LANE #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 REQUIRED James E. Sweeney 4/1/03 954 172-3820**

CR2E037 (10/02)