

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90081 008 ****61.25

DOCUMENT # 722983

1. Entity Name
JACARANDA VILLAS CONDOMINIUM NO. 1, INC.



Principal Place of Business
**8901 N NEW RIVER CANAL RD
PLANTATION, FL 33324**

Mailing Address
**WEST BROWARD PROPERTY MGNT.
11530 STATE RD. 84
DAVIE?, FL 33325**

50035243



01172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1553267 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEST BROWARD COMMUNITY MANAGEMENT
11530 STATE ROAD 84
DAVIE, FL 33325**

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. 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, 2005**

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 PD ☐ Delete
NAME MACLEOD, CHARLIE
STREET ADDRESS 8851 NO. NEW RIVER CANAL RD. E12
CITY-ST-ZIP PLANTATION, FL 33324

TITLE STD ☐ Delete
NAME MILIAN, ALBERT
STREET ADDRESS 8901 NO. NEW RIVER CANAL RD. W16
CITY-ST-ZIP PLANTATION, FL 33324

TITLE VP ☐ Delete
NAME GOLDBERG, EUGENE
STREET ADDRESS 8901 NO. NEW RIVER CANAL RD. W18
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D ☐ Delete
NAME TEACHMAN, JAMES
STREET ADDRESS 8851 NO. NEW RIVER CANAL RD. E7
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D ☐ Delete
NAME TULLOCH, CAROLYN
STREET ADDRESS 8901 NO. NEW RIVER CANAL RD. #25
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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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:

Charlie MacLeod
CHARLIE MACLEOD

04-05-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #