

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722983

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

8901 N NEW RIVER CANAL RD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1553267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MACLEOD, CHARLIE  
Address: 8851 NO. NEW RIVER CANAL RD. E12  
City-St-Zip: PLANTATION, FL 33324

Title: TDVP ( ) Delete  
Name: MILIAN, ALBERT  
Address: 8901 NO. NEW RIVER CANAL RD. W16  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: RODRIGUEZ, MICHAEL  
Address: 8851 NO. NEW RIVER CANAL RD. E7  
City-St-Zip: PLANTATION, FL 33324

Title: SD ( ) Delete  
Name: TULLOCH, CAROLYN  
Address: 8901 NO. NEW RIVER CANAL RD. #25  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: BLAKE, ALMA F  
Address: 8851 N. NEW RIVER CANAL RD #16  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLIE MACLEOD

P

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date