FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724079** **(9)**

1. Corporation Name

JACARANDA COUNTRY CLUB HOMEOWNERS' ASSOCIATION NUMBER 12C, INC.

Principal Place of Business	Mailing Address
P.O. BOX 17660 1750 N. UNIVERSITY DR. SUITE 114 PLANTATION FL 33318 US	P.O. BOX 17660 1750 N. UNIVERSITY DR., SUITE 114 PLANTATION FL 33318 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1972
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0103209 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHARLES W. PROFILET
640 E. LAKE DASHA DRIVE
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, BERNICE	1.2 NAME	
STREET ADDRESS	650 LAKE DASHA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SPAETH, JAN ANDREW	2.2 NAME	
STREET ADDRESS	8671 GATEHOUSE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	PROFILET, CHARLES	3.2 NAME	
STREET ADDRESS	640 E LAKE DASHA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	VICE PRESIDENT/DIRECTOR ☑ Change ☐ Addition
NAME	CASEY, BRENDA	4.2 NAME	WILLIAM H. ADAMS
STREET ADDRESS	8821 N LAKE DASHA DR	4.3 STREET ADDRESS	8621 N. LAKE DASHA DR.
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	WEINER, ED	5.2 NAME	
STREET ADDRESS	651 LAKE DASHA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jan Andrew Spaeth VP & Director 2/12/95 305-472-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAN ANDREW SPAETH, VP & DIRECTOR

0048744