

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DEPARTMENT OF CORPORATIONS

19963-6-96

B-1897

C

DOCUMENT # 724079

(9)

1. Corporation Name

JACARANDA COUNTRY CLUB HOMEOWNERS' ASSOCIATION N
UMBER 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



3. Date Incorporated or Qualified

08/09/1972

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 17660
Suite, Apt. #, etc.

26 P.O. Box 17660
Suite, Apt. #, etc.

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME GREENBERG, BERNICE
STREET ADDRESS 650 LAKE DASHA CIRCLE
CITY-ST-ZIP PLANTATION FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME SPAETH, JAN ANDREW
STREET ADDRESS 8671 GATEHOUSE RD
CITY-ST-ZIP PLANTATION FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD
NAME PROFILET, CHARLES
STREET ADDRESS 640 E LAKE DASHA DR
CITY-ST-ZIP PLANTATION FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VPD
NAME ADAMS, WILLIAM H
STREET ADDRESS 8621 N LAKE DASHA DR
CITY-ST-ZIP PLANTATION FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME WEINER, ED
STREET ADDRESS 651 LAKE DASHA LANE
CITY-ST-ZIP PLANTATION FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

Date

305-472-0111

Daytime Phone #

CR2E037 (12/95)