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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:45

DOCUMENT # 729491 (1)

1. Corporation Name

JACARANDA WEST HOMEOWNERS' ASSOCIATION #I, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229 US	LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229 US

3. Date Incorporated or Qualified: 06/07/1974
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1786896 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$0.75** 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIGHTHOUSE MANAGEMENT AND REALTY 830 SOUTH TAMIAMI TRAIL OSPREY FL 34229	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	P	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	NOTTER, ROBERT L.	1.2 NAME	NICHOLSON, ROBERT	
STREET ADDRESS	1828 IRONWOOD CT.	1.3 STREET ADDRESS	1904 Pebble Beach Ct.	
CITY-ST-ZIP	VENICE, FL 00000	1.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	FRECH, HARRY	2.2 NAME	ELLIOH, DUANE	
STREET ADDRESS	1619 DEL MANTE CT.	2.3 STREET ADDRESS	1604 E. CYPRESS PT. DR.	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	DS	3.1 TITLE	ED	☐ Change ☑ Addition
NAME	MARSH, ENID H.	3.2 NAME	WEEPIER, ROBERT	
STREET ADDRESS	1101 GANGE CT.	3.3 STREET ADDRESS	926 SKIDE DR. W.	
CITY-ST-ZIP	VENICE, FL 00000	3.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	ASD	4.1 TITLE		☐ Change ☐ Addition
NAME	KEITH, J. LLOYD	4.2 NAME		
STREET ADDRESS	830 S. TAMIAMI TRAIL	4.3 STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	TD	☐ Change ☑ Addition
NAME	MOORE, FRANK	5.2 NAME	MOORE, DOROTHY	
STREET ADDRESS	1825 IRONWOOD CT	5.3 STREET ADDRESS	1825 IRONWOOD CT.	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	6.1 TITLE	D	☐ Change ☑ Addition
NAME	GAMMOND, GEORGE	6.2 NAME	FRAM, GEORGE	
STREET ADDRESS	953 E. DOUGLAS CT.	6.3 STREET ADDRESS	1009 BLUE WING CT.	
CITY-ST-ZIP	VENICE, FL 00000	6.4 CITY-ST-ZIP	VENICE, FL 34293	

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: J.L. KEITH 3-29-95 8139666844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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