FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **729491** **(1)**

1. Corporation Name

JACARANDA WEST HOMEOWNERS' ASSOCIATION #I, INC.

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: 04/11/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: 16 Church St
Suite, Apt. #, etc. — 27: 16 Church St

City & State — 23
City & State — 28

Zip — 24; Country — 25
Zip — 29; Country — 30

4. FEI Number: 59-1786896 ☐ 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

LIGHTHOUSE MANAGEMENT AND REALTY
~~830 SOUTH TAMIAMI TRAIL~~
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 16 CHURCH STREET

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: George W. Fram Treasurer — George W. Fram Treasurer — 3/27/96
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NICHOLSON, ROBERT 1904 PEBBLE BEACH CT. VENICE, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Fram, George 1000 Blue Wing Ct. Venice, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRECH, HARRY 1619 DEL MANTE CT. VENICE FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Sanders, Ed 1002 Blue Wing Ct Venice, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MARSH, ENID H. 1101 GANGE CT. VENICE, FL 00000	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Cross, Darlene D. 1813 Plum Ln. Venice, Fl 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD KEITH, J. LLOYD 830 S. TAMIAMI TRAIL OSPREY FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Delancey, Mert 902 Pinehurst Ln Venice FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOORE, FRANK 1825 IRONWOOD CT VENICE FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VP/D DOT MOORE 1825 IRONWOOD CT VENICE, FL. 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMMOND, GEORGE 953 E. DOUGLAS CT. VENICE, FL 00000	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Goins, William D 1921 Innisbrook Ct Venice FL 34293	☐ Change ☒ Addition

CR2E037 (12/95)

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: George W. Fram Treasurer — George W. Fram Treasurer — 3/27/96 — 941-497-0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

George W. Fram