


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90025 006 ****61.25

DOCUMENT # 729491

1. Entity Name
JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.



Principal Place of Business
**LIGHTHOUSE PROPERTY MGMT
16 CHURCH ST.
OSPREY, FL 34229 US**

Mailing Address
**LIGHTHOUSE PROPERTY MGMT
16 CHURCH ST.
OSPREY, FL 34229 US**

2. Principal Place of Business - No P.O. Box #
ARGUS MANAGEMENT OF VENICE

3. Mailing Address **ARGUS**
MANAGEMENT OF VENICE

Suite, Apt. #, etc.
181 CENTER RD

Suite, Apt. #, etc.
181 CENTER RD

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34285

Country
US

Zip
34293

Country
US



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1786896

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOBECK & HANSON
ATTN: DAN LOBECK
2033 MAIN STREET #403
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORD, PAUL T 1027 KINGS CT. VENICE, FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, David J. 915 DORAL LANES. VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIACQUADIO, SHITLEY 1623 BOB O LINK DRIVE VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PIACQUADIO, Shmley 1623 BOB O LINK DR VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JAECK, WILLIAM 1937 COVE POINTE DR VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAECK, WILLIAM C. 1937 COVE POINTE DR VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHAND, ROBERT 849 COUNTRY CLUB CIR VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAND, ROBERT 849 COUNTRY CLUB CIRCLE VENICE, FL 34293	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUM, STEPHEN 2044 OAKRIDGE CIR. VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBBRIGHT, VIRGINIA L. 1027 BURNING OAK CT VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURDY, ROBERT 924 DORAL LANE S. VENICE, FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PURDY, ROBERT 924 DORAL LANES. VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William C. Jaeck William C. Jaeck 1/24/08 941-492-9147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #