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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729813** (6)

1. Corporation Name

**LAS HACIENDAS TOWNHOUSE CONDOMINIUM AT JACARANDA
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**199 JACARANDA DR
PLANTATION FL 33324**

**199 JACARANDA DR
PLANTATION FL 33324**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/31/1974

4. FEI Number

59-1651675

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**EARNEST, MARY M. ESQUIRE
6800 GRIFFIN ROAD
SUITE B
DAVE FL 33314**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0902 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

Robert Ehrlich

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ DELETE
NAME **TOFT, ARTHUR**
STREET ADDRESS **207 JACARANDA DR.**
CITY-ST-ZIP **PLANTATION, FL 00000**

TITLE **PD** ☐ DELETE
NAME **EHRICH, ROBERT**
STREET ADDRESS **227 JACARANDA DR**
CITY-ST-ZIP **PLANTATION FL**

TITLE **VPD** ☐ DELETE
NAME **KANTOR, JONATHAN**
STREET ADDRESS **247 JACARANADA DR.**
CITY-ST-ZIP **PLANTATION FL**

TITLE **TD** ☐ DELETE
NAME **FRIESE, WOODY**
STREET ADDRESS **JACARANDA 297**
CITY-ST-ZIP **PLANTATION FL**

TITLE **DS** ☒ DELETE
NAME **HEALY, DAVID**
STREET ADDRESS **285 JACAIANDA DR.**
CITY-ST-ZIP **PLANTATION FL**

TITLE **NISKAR REGINA S.D.** ☐ DELETE
NAME **237 Jacaranda Dr.**
STREET ADDRESS **Plantation FL.**
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Amico Florence D** ☐ Change ☐ Addition
1.2 NAME **279 Jacaranda Dr**
1.3 STREET ADDRESS **Plantation FL.**
1.4 CITY-ST-ZIP

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

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

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

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

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

14. I hereby certify that the information supplied with this filing 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: *Robert Ehrlich*

4/20/98 954-472-3321

CP2E037 (10/97)