

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90025 046 ****61.25

DOCUMENT # 732720 1. Entity Name THE VILLAGE TOWNHOUSES-JACARANDA, INC.					
Principal Place of Business C/O UNITED COMMUNITY MGNT 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065 US			Mailing Address C/O UNITED COMMUNITY MGNT 3300 UNIVERSITY DR #405 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business		3. Mailing Address		 03252004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1724350				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MGNT 3300 UNIVERSITY DRIVE SUITE 405 CORAL SPRINGS, FL 33065			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 _____ 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, 2004		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	PD STEELE, JONATHAN 461 NORTH UNIVERSITY DRIVE PALNTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montgomery, Joe 615 N. University Drive Plantation, FL 33324 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOGUT, DOUG 479 N. UNIVERSITY DR PALNTATION, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lewis, Ira 435 N. University Drive Plantation, FL 33324 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIDAL, DAN 441 NORTH UNIVERSITY DRIVE PALNTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KREPS, JOE 625 NORTH UNIVERSITY DRIVE PALNTATION, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERAGINE, MICHEAL 539 N. UNIVERSITY DR PALNTATION, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SHERRY 459 NORTH UNIVERSITY DRIVE PLANTATION, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>DANIE J. VIDAL (TREASURER)</u> 3/30/04 (305) 972-7380 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					