2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# 736504

Entity Name: JACARANDA COUNTRY CLUB WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9715 W. BROWARD BLVD.
PMB # 138
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

9715 W. BROWARD BLVD.
PMB # 138
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0103541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERBERG, LARRY
640 SEA TURTLE WAY
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SHERBERG, LARRY	
Address:	640 SEA TURTLE WAY	
City-St-Zip:	PLANTATION, FL 33324	
Title:	DV	( ) Delete
Name:	BAUMAN, JEROME	
Address:	9730 WEATHERVANE MANOR	
City-St-Zip:	PLANTATION, FL 33324	
Title:	SD	( ) Delete
Name:	SINAGRA, MARSHA	
Address:	9401 SEA TURTLE LANE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	TD	( ) Delete
Name:	TASIS-SMALL, ELIZABETH	
Address:	621 SEA TURTLE WAY	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	KALODISH, DENNIS	
Address:	9641 CONCHSHELL MANOR	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	EDELSTEIN, JOAN	
Address:	9711 WEATHERVANE MANOR	
City-St-Zip:	PLANTATION, FL 33324	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA SINAGRA SD 01/19/2005

Electronic Signature of Signing Officer or Director — Date