

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740846 (1)

1. Corporation Name

JACARANDA CAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

PO BOX 15502
10041 S.W. 2ND ST.
PLANTATION FL 33318-502
US

Mailing Address

PO BOX 15502
10041 S.W. 2ND ST.
PLANTATION FL 33318-502
US

3. Date Incorporated or Qualified
11/21/1977

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number

65-0125794

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

10. Name and Address of New Registered Agent

SCHWARTZ, ERIC R
3500 N STATE RD. 7, SUITE 290
LAUDERALE LAKES FL 33319

81 Name

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME SCOTT, CAROLYN
STREET ADDRESS 10120 SE 5TH ST
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

TITLE PD
NAME SCHWARTZ, ERIC
STREET ADDRESS 10161 S.W. 2ND ST.
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

TITLE D
NAME GILBERT, LEONARD
STREET ADDRESS 10190 S.W. 4TH ST.
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

TITLE D
NAME TIEGER, JEFFREY
STREET ADDRESS 10180 S.W. 4TH ST.
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

TITLE D
NAME ADAMS, VERNELL
STREET ADDRESS 471 SW 101ST ST
CITY-STATE-ZIP PLANTATION FL ☒ DELETE

TITLE D
NAME FIVES, PHYLLIS
STREET ADDRESS 10190 SW 3RD ST
CITY-STATE-ZIP PLANTATION FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
NAME Laura Jennings
STREET ADDRESS 10110 SW 5TH ST
CITY-STATE-ZIP PLANTATION, FL. 33324 ☐ Change ☒ Addition

21 TITLE D
NAME Michael KARP
STREET ADDRESS 10100 SW 2ND ST.
CITY-STATE-ZIP PLANTATION, FL. 33324 ☐ Change ☒ Addition

31 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric R. Schwartz

2/4/96 (954) 484-3544
Date Daytime Phone

CR2E037 (12/95)