

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740846 (1)

1. Corporation Name

JACARANDA CAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 15502  
10041 S.W. 2ND ST.  
PLANTATION FL 33318-502  
USPO BOX 15502  
10041 S.W. 2ND ST.  
PLANTATION FL 33318-5502  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/21/1977

3a. Date of Last Report

02/08/1996

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~VPD~~ ☐ DELETE  
NAME SCOTT, CAROLYN  
STREET ADDRESS 10120 SE 5TH ST  
CITY-ST-ZIP PLANTATION FL1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS ED COHEN  
1.4 CITY-ST-ZIP 10180 SW 1st Ct. Plantation, FL.TITLE PD ☐ DELETE  
NAME SCHWARTZ, ERIC  
STREET ADDRESS 10161 S.W. 2ND ST.  
CITY-ST-ZIP PLANTATION FL2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D  
2.3 STREET ADDRESS MONTE DILLOW  
2.4 CITY-ST-ZIP 110 SW 101st Ave.  
Plantation, FL. 33324TITLE D ☐ DELETE  
NAME GILBERT, LEONARD  
STREET ADDRESS 10190 S.W. 4TH ST.  
CITY-ST-ZIP PLANTATION FL3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS IRIS SAJAN  
3.4 CITY-ST-ZIP 10170 SW 3rd St., Plantation, FL.TITLE D ☐ DELETE  
NAME TIEGER, JEFFREY  
STREET ADDRESS 10180 S.W. 4TH ST.  
CITY-ST-ZIP PLANTATION FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE STD ☐ DELETE  
NAME JENNINGS, LAURA  
STREET ADDRESS 10110 SW 5TH STREET  
CITY-ST-ZIP PLANTATION FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME FIVES, PHYLLIS  
STREET ADDRESS 10190 SW 3RD ST  
CITY-ST-ZIP PLANTATION FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 (954) 484-3544

Date

Daytime Phone # 0038665

CR2E037 (9/96)