


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90014 023 \*\*\*\*61.25

09-16-1999 90011 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 740846</b> ✓					
1. Corporation Name <b>JACARANDA CAY HOMEOWNERS' ASSOCIATION, INC.</b>					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/21/1977 4. FEI Number 65-0125794 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>SCHWARTZ, ERIC R</b> <b>3600 N STATE RD. 7, SUITE 290</b> <b>LAUDERALE LAKES FL 33319</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3601 W. Commercial Blvd., # 31 83 84 City Ft. Lauderdale FL 85 Zip Code 33309		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	DELETE	1.1 TITLE	Treasurer Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, CAROLYN		1.2 NAME	Adrienne Frank	
STREET ADDRESS	10120 SE 5TH ST		1.3 STREET ADDRESS	468 S.W. 101 AVE	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ERIC		2.2 NAME		
STREET ADDRESS	10161 S.W. 2ND ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, LEONARD		3.2 NAME		
STREET ADDRESS	10190 S.W. 4TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIEGER, JEFFREY		4.2 NAME		
STREET ADDRESS	10180 S.W. 4TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, LAURA		5.2 NAME		
STREET ADDRESS	10110 SW 5TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLOW, MONTE		6.2 NAME		
STREET ADDRESS	110 SW 101TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		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, with all other like empowered.

SIGNATURE *Laura Jennings* SIGNATURE REQUIRED *Treasurer* 1/25/99 954-423-8131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)