

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740846

1. Entity Name

JACARANDA CAY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90045 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0125794

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, ERIC R  
 3601 W COMMERCIAL BLVD  
 #31  
 FORT LAUDERDALE FL 33309

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS FRANK, ADRIENNE  
 CITY-ST-ZIP 468 SW 101 AVE  
 PLANTATION FL 33324

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS CHRISTENSEN-BECKER, CAROLYN  
 CITY-ST-ZIP 181 SW 101 AVE.  
 PLANTATION FL 33324

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

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS LIEBLEIN, MARC  
 CITY-ST-ZIP 10100 SW 3RD ST.  
 PLANTATION FL 33324

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

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS COHEN, ED  
 CITY-ST-ZIP 10180 SW 1ST COURT  
 PLANTATION, FL 33324

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS JENNINGS, LAURA  
 CITY-ST-ZIP 10110 SW 5TH STREET  
 PLANTATION FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS DILLOW, MONTE  
 CITY-ST-ZIP 110 SW 101TH AVE  
 PLANTATION FL 33324

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*SIGNATURE REQUIRED* Eric R. Schwartz, P.D. 3/4/00 84-484-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)