

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740846

1. Entity Name

JACARANDA CAY HOMEOWNERS' ASSOCIATION, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90119 010 \*\*\*\*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 33318-502  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0125794

Applied For

Not Applicable

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
FRANK, ADRIENNE  
468 SW 101 AVE  
PLANTATION FL 33324

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CHRISTENSEN - BECKER, CAROLYN  
181 S.W. 101 AVE  
PLANTATION, FL 33324

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
SCHWARTZ, ERIC  
10161 S.W. 2ND ST.  
PLANTATION FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MOSELLE, BLAKE  
130 S.W. 101 AVE  
PLANTATION, FL 33324

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
COHEN, ED  
10150 SW 1ST CT  
PLANTATION FL 33324

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~SCHEIDT~~ D  
SCHULTZ, DAVID  
10101 S.W. 5 Street  
PLANTATION, FL 33324

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TIEGER, JEFFREY  
10180 S.W. 4TH ST.  
PLANTATION FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SORGEN, DENISE  
10120 S.W. 3 Street  
PLANTATION, FL 33324

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
JENNINGS, LAURA  
10110 SW 5TH STREET  
PLANTATION FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~D~~  
DILLOW, MONTE  
110 SW 101TH AVE  
PLANTATION FL 33324

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. Schwartz, Pres. 4/12/01 954-484-3544

Date Daytime Phone #

CR2E037 (10/00)