

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740846

1. Entity Name

JACARANDA CAY HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90017 013 ****61.25

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

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	TD	<input type="checkbox"/> Delete
NAME	FRANK, ADRIENNE	
STREET ADDRESS	468 SW 101 AVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ERIC	
STREET ADDRESS	10161 S.W. 2ND ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, ED	
STREET ADDRESS	10150 SW 1ST CT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIEGER, JEFFREY	
STREET ADDRESS	10180 S.W. 4TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JENNINGS, LAURA	
STREET ADDRESS	10110 SW 5TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTENSEN-BECKER, CAROLYN	
STREET ADDRESS	181 SW 101 AVE	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORGEN, DENISE	
STREET ADDRESS	10120 S.W. 3RD ST	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSQUE, BLAKE	
STREET ADDRESS	1301 S.W. 101 ST AVE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULTZ, DAVID	
STREET ADDRESS	10101 S.W. 5TH ST	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Pres. 1/14/02 834-484-7544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)