

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90074 015 ****61.25

DOCUMENT # 740846 1. Entity Name JACARANDA CAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 15502 PLANTATION, FL 33318-502 US			Mailing Address PO BOX 15502 PLANTATION, FL 33318-502 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03012004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0125794	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK, ADRIENNE		NAME	TIEGER, JEFFREY	
STREET ADDRESS	460 S.W. 101 AVE.		STREET ADDRESS	10180 S.W. 4TH ST.	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, ERIC		NAME	MOSELLE, BLAKE	
STREET ADDRESS	10161 S.W. 2ND ST.		STREET ADDRESS	130 S.W. 101 ST AVE	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ED		NAME	SCHWARTZ, ERIC	
STREET ADDRESS	10180 S.W. 1ST CT.		STREET ADDRESS	10161 S.W. 2ND ST.	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORGEN, DENISE		NAME	COHEN, EDWARD	
STREET ADDRESS	10120 S.W. 3RD ST.		STREET ADDRESS	10180 S.W. 1ST CT.	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	V D	<input checked="" type="checkbox"/> Delete	TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORGEA, ALAN		NAME	FORGEA, ALAN	
STREET ADDRESS	480 S.W. 101ST AVE.		STREET ADDRESS	480 S.W. 101ST AVE	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 or other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ERIC R. SCHWARTZ, DIRECTOR			3/27/04 (954) 484-3544 <small>Date Daytime Phone #</small>		