

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90784 048 ****61.25

DOCUMENT # 740846

1. Entity Name

JACARANDA CAY HOMEOWNERS' ASSOCIATION, INC.



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

~~10041 S.W. 2ND ST.~~ P.O. BOX 15502

3. Mailing Address

P.O. BOX 15502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

Country

33318-5502

US

Zip

Country

33318-5502

US

6. Name and Address of Current Registered Agent

SCHWARTZ, ERIC R

3601 W COMMERCIAL BLVD

#31

FORT LAUDERDALE FL 33309

4. FEI Number 65-0125794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FRANK, ADRIENNE | |
| STREET ADDRESS | 460 SW 101 AVE | 460 S.W. 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 33324 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COHEN, ED | |
| STREET ADDRESS | 10150 SW 1ST CT | 10180 S.W. 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 33324 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | JENNINGS, LAURA | |
| STREET ADDRESS | 10110 SW 5TH STREET | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CHRISTENSEN-BECKER, CAROLYN | |
| STREET ADDRESS | 181 SW 101 AVE | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DENISE SORGEN | |
| 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 | ALAN FORGEA | |
| STREET ADDRESS | 480 S.W. 101ST AVE. | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAN REIMER | |
| STREET ADDRESS | 10110 S.W. 5TH ST | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BLAKE MOSELLE | |
| STREET ADDRESS | 130 S.W. 101ST AVE | |
| 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 11/17/03 (954) 484-3544

CR2E037 (10/02)