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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744359 (1)  
1. Corporation Name  
JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address  
MWI - BROWARD 3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069 US  
% MWI - BROWARD 3500 GATEWAY DRIVE #202 POMPANO BEACH FL 33069-4870 US

3. Date Incorporated or Qualified 09/25/1978 3a. Date of Last Report 04/09/1996

2. Principal Place of Business 2a. Mailing Address  
21 c/o UNITED COMM. MGT COLL 26 c/o UNITED COMM MGT COLL

4. FEI Number 65-0027585 Applied For Not Applicable

22 3300 UNIV DRIVE #405 27 3300 UNIV DRIVE #405

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 CORAL SPRINGS FL 28 CORAL SPRINGS FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 33065 25 Country 29 33065 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
FALK, MARIANNE  
910 SW 93RD AVENUE  
PLANTATION, FL. FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALK, MARIANNE	1.2 NAME	
STREET ADDRESS	910 SW 93RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUTE, MELVYN	2.2 NAME	
STREET ADDRESS	1031 SW 93RD TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEKMAN, KAREN	3.2 NAME	
STREET ADDRESS	960 SW 93RD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D HERBERT, RACHEL
STREET ADDRESS		4.3 STREET ADDRESS	930 SW 93 AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLANTATION FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE MARIANNE FALK 4/22/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025859

CR2E037 (9/96)