

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90129 042 ****61.25

DOCUMENT # 744359

1. Entity Name

JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O UNITED COMM MGT CORP
 3300 UNIV DRIVE #405
 CORAL SPRINGS FL 33065
 US

C/O UNITED COMM MGT CORP
 3300 UNIV DRIVE #405
 CORAL SPRINGS FL 33065-4130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0027585

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FALK, MARIANNE
910 SW 93RD AVENUE
PLANTATION, FL. FL 33324

Name **United Community Mgmt.**

Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr. #405

City **Coral Springs** FL Zip Code **33065**

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

UNITED COMMUNITY MANAGEMENT CORP.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature] 3/10/00

**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 **PD** Delete
 NAME **FALK, MARIANNE**
 STREET ADDRESS **910 SW 93RD AVENUE**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **TD** Change Addition
 NAME **Kushner, manny**
 STREET ADDRESS **962 SW 93 Terr.**
 CITY-ST-ZIP **Plantation, Fl. 33324**

TITLE **VPD** Delete
 NAME **TRUTE, MELVYN**
 STREET ADDRESS **1031 SW 93RD TERRACE**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DSP** Delete
 NAME **SHIEKMAN, KAREN**
 STREET ADDRESS **960 SW 93RD AVE**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HERBERT, RACHEL**
 STREET ADDRESS **930 SW 93 AVE**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DORN, LINDY**
 STREET ADDRESS **1031 SW 91 AVE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SEGAL MARE MARC**
 STREET ADDRESS **9330 SW 10 ST**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PD** Change 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECORDED DORN CO-PRES. 3/7/00 305-500-4198

CR2E037 (9/99)