

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744359

FILED
Aug 17, 2005
Secretary of State

Entity Name: JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DRIVE SUITE 232
DAVIE, FL 33328 US

Current Mailing Address:

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

New Mailing Address:

NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DRIVE SUITE 232
DAVIE, FL 33328 US

FEI Number: 65-0027585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED COMMUNITY MGMT.
3300 UNIVERSITY DR #405
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DRIVE SUITE 232
DAVIE, FL 33328 US

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: DENNIS HOLSTE

08/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SARIOL, MARIE
Address: 990 SW 93 AVE
City-St-Zip: PLANTATION, FL 33324

Title: PD () Delete
Name: FALK, BENNETT
Address: 910 SW 93RD AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: MARKS, ALAN
Address: 1040 SW 91ST AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: TD () Delete
Name: HERBERT, RACHEL
Address: 930 SW 93 AVE
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: POLEN-DORN, LINDY
Address: 1031 SW 91 AVE
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: TRUTE, MELVYN
Address: 1031 SW 93 TERR
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BAKER, REID
Address: 1051 SW 91 AVE
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS HOLSTE

MR.

08/17/2005

Electronic Signature of Signing Officer or Director

Date