

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 11, 2006  
Secretary of State**

DOCUMENT# 744359

Entity Name: JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0027585      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
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: BAKER, REID  
Address: 1051 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: IRV ROSENBAUM

MR

04/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date