

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744359

FILED
Jul 27, 2009
Secretary of State

Entity Name: JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DRIVE SUITE 132
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DRIVE SUITE 132
DAVIE, FL 33328 US

New Mailing Address:

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:

NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DRIVE SUITE 132
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: D () Delete
Name: SHIEKMAN, JOHN
Address: 960 SW 93RD AVENUE
City-St-Zip: PLANTATION, FL 33324

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

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

Title: TD () 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:

I hereby certify that the information supplied with this filing does not qualify 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: ALAN MARKS

P

07/27/2009

Electronic Signature of Signing Officer or Director

_____ Date