

FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90015 028 \*\*\*\*61.25

02/27/1999

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746365**

1. Corporation Name  
**CEDAR LANDING AT JACARANDA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 2901 SIMMS STREET HOLLYWOOD FL 33020	Mailing Address 2901 SIMMS STREET HOLLYWOOD FL 33020
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/21/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2302363 Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**KAYE & ROGER, P.A.**  
**6261 NW 6 WAY**  
**SUITE 103**  
**FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIARATANO, STEPHEN</b>	
STREET ADDRESS	<b>9294 SW 1ST ST.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>COOLEY, F</b>	
STREET ADDRESS	<b>9366 SW 1ST ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOD, LYNN</b>	
STREET ADDRESS	<b>9378 SW 1ST ST.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KNIGHT, JOHN</b>	
STREET ADDRESS	<b>9255 SW 1ST ST.</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUSH, SUSAN</b>	
STREET ADDRESS	<b>9279 SW 1 ST</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WALKER, JERRY</b>	
1.3 STREET ADDRESS	<b>9251 SW 1 STREET</b>	
1.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
2.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>COOLEY, FLEMING</b>	
2.3 STREET ADDRESS	<b>9366 SW 1 STREET</b>	
2.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>GARDINER, RON</b>	
3.3 STREET ADDRESS	<b>9311 SW 1 STREET</b>	
3.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
4.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>WOOD, LYNN</b>	
4.3 STREET ADDRESS	<b>9378 SW 1 STREET</b>	
4.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>GIARATANO, STEVE</b>	
5.3 STREET ADDRESS	<b>9294 SW 1 STREET</b>	
5.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 if changed, or on an attachment with an address, with all other like empowered. *JERRY WALKER*

SIGNATURE: **X** *Jerry Walker* **SIGNATURE REQUIRED** Date: *2/19/99* Daytime Phone #: *(954) 472-1823*

CR2E037 (11/98)