

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90075 011 \*\*\*\*61.25



**DOCUMENT # 746365**  
 1. Entity Name  
**CEDAR LANDING AT JACARANDA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
 5300 POWERLINE RD  
 200-A  
 FT. LAUDERDALE, FL 33309

Mailing Address  
 5300 POWERLINE RD  
 200-A  
 FT. LAUDERDALE, FL 33309

40075466



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-2302363**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 DCI - CMS  
 2035 HARDING ST, STE 200  
 HOLLYWOOD, FL 33020

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee Is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCHUGH, JOE			NAME	ELLEN RODRIGUEZ		
STREET ADDRESS	9351 SW 1ST STREET			STREET ADDRESS	9306 SW 1st St		
CITY - ST - ZIP	PLANTATION, FL 33324			CITY - ST - ZIP	PLANTATION FL 33324		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REVIER, JUDY			NAME	CHRISTINE WILLIAMS		
STREET ADDRESS	9262 SW 1ST STREET			STREET ADDRESS	9382 SW 1st St		
CITY - ST - ZIP	PLANTATION, FL 33324			CITY - ST - ZIP	PLANTATION FL 33324		
TITLE	T	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOODROW, ALMA			NAME	LARINDA CHICK		
STREET ADDRESS	9350 SW 1 ST			STREET ADDRESS	9326 SW 1st St		
CITY - ST - ZIP	PLANTATION, FL 33324			CITY - ST - ZIP	PLANTATION, FL 33324		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ENZWEILER, KURT			NAME	PATTY LAW WOOD		
STREET ADDRESS	9390 SW 1ST STREET			STREET ADDRESS	9378 SW 1st St		
CITY - ST - ZIP	PLANTATION, FL 33324			CITY - ST - ZIP	PLANTATION, FL 33324		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LIFNER, NOEL			NAME	THOMAS SELLERS		
STREET ADDRESS	9266 SW 1ST STREET			STREET ADDRESS	9310 SW 1st St		
CITY - ST - ZIP	PLANTATION, FL 33324			CITY - ST - ZIP	PLANTATION, FL 33324		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHEELER, LISA			NAME			
STREET ADDRESS	9274 SW 1ST STREET			STREET ADDRESS			
CITY - ST - ZIP	PLANTATION, FL 33324			CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Ellen Rodriguez **1/12/07** **(954) 472-0856**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #