
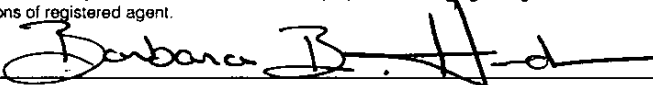



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90019 018 \*\*\*\*61.25

<b>DOCUMENT # 746365</b>			
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	
2. Principal Place of Business - No P.O. Box # ASSOCIATION SERVICES OF FLA.		3. Mailing Address ASSOCIATION SERVICES OF FLA.	
Suite, Apt. #, etc. 5300 POWERLINE ROAD, #200A		Suite, Apt. #, etc. 5300 POWERLINE RD, #200A	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33309	Country USA	Zip 33309	Country USA
6. Name and Address of Current Registered Agent DCI - CMS 2035 HARDING ST, STE 200 HOLLYWOOD, FL 33020		4. FEI Number 59-2302363	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name BARBARA HERNDON, PRESIDENT			
Street Address (P.O. Box Number is Not Acceptable) ASSOCIATION SERVICES OF FLORIDA			
10112 USA TODAY WAY			
City MIRAMAR	FL	Zip Code 33025	
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 		DATE 2/7/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	RODRIGUEZ, ELLEN <input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	STEPHEN GIARATANO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9366 SW 1ST ST	PLANTATION, FL 33324	STREET ADDRESS 9294 S.W. 1ST STREET	PLANTATION, FL 33324
TITLE S	WILLIAMS, CHRISTINE <input checked="" type="checkbox"/> Delete	TITLE SECRETARY	GEORGE CARVER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9382 SW 1ST ST	PLANTATION, FL 33324	STREET ADDRESS 9291 S.W. 1ST STREET	PLANTATION, FL 33324
TITLE VP	WOODROW, ALMA <input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9350 SW 1 ST	PLANTATION, FL 33324	STREET ADDRESS	
TITLE D	CHICK, LARINDA <input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9326 SW 1ST ST	PLANTATION, FL 33324	STREET ADDRESS	
TITLE D	WOOD, PATTY LYNN <input type="checkbox"/> Delete	TITLE DIRECTOR	JONATHAN JACKSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9378 SW 1ST ST	PLANTATION, FL 33324	STREET ADDRESS 9287 S.W. 1ST STREET	PLANTATION, FL 33324
TITLE VP	WHEELER, LISA <input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	MARILYN MARIATT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9274 SW 1ST STREET	PLANTATION, FL 33324	STREET ADDRESS 9330 S.W. 1ST STREET	PLANTATION, FL 33324
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: 		Alma Woodrow 954-423-1754 2-11-08 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			