## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90055 027 \*\*\*\*61.25

DOCUI 1. Corporation	MENT # <b>754898</b>		1		
JACARAI	NDA COVE HOMEOWNERS	ASSOCIATION, INC.			
Principal Place of Business Mailing Address 9820 SW 4TH ST 9820 SW 4TH ST					A DIRAN CROIX DICHI RABIK BARK BARK BIOKA PROC
PLANTATION F US	i 33324	PLANTATION FL 33324 US	i A		1970   810   810   810   810   810   811   100  
Principal Place of Business     2a. Mailing Address			3. Date Incorporated or Qualifed 06/26/1980		
21 26 Suite Ant		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
		27		59-2681626	Not Applicable
City & State		City & State		5. Certificate of Status Desired [	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Curren	1 - 0 1	<u> </u>	10. Name and Address of New Reg	
<u> </u>	3. Name and Address of Curren	r registeres rigent	81 Name		
GROSS, A		·	82 Street Add	ress (P.O. Box Number is Not Acceptable	)
9820 SW 4TH ST			83		
PLANTATION FL 33324			84 City		85 Zip Code
	_		1   1		FL
11. Pursuant office or ragent. I a	registered agent, or pothy in the State in familiar with and accept the obliga	tions of Section 617.0503, Florid	s, the above-named corplanding the corporation of the corporation o	poration submits this statement for the pu on's board of directors. I hereby accept the	p appointment as registered
Signature: typed or printer name of registered agent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS			43.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRIM, SHARON		1.2 NAME	· , , ,	
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRYE, STEVE	. •	2.2 NAME		
STREET ADDRESS	••••		2.3 STREET ADDRESS	٠٠ منعيد	
CITY-ST-ZIP	PLANTATION FL 33324	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE	S S S S S S S S S S S S S S S S S S S	( Occ., 12	3.2 NAME	•	
NAME	GALINKIN, PHYLLIS		3.3 STREET ADDRESS		
STREET ADDRESS	9951 SW 4TH ST PLANTATION FL 33324		3.4. CITY-ST-ZIP		
CITY-ST-ZIP	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GROSS, ALLAN		4.2 NAME	* .	•
STREET ADDRESS	l		4.3 STREET ADDRESS		•
CITY-ST-ZIP	PLANTATION FL 33324		4.4 CITY-ST-ZIP		
7ITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRYE, STEVE		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE	D		■ *····		<u> </u>
	CALIBRANIA LADOV		6.2 NAME		, and the second se
NAME STREET ADDRESS	GALINKIN, LARRY 9951 SW 4TH ST		6.2 NAME 6.3 STREET ADORESS		

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, and a attactment with an address, with all other like empowered.

SIGNATURE: