## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

Solicity A State    City A State   C	DOCUMENT # 754898  1. Entity Name  JACARANDA COVE HOMEOWNERS ASSOCIATION, INC.				04-14-2008 90051 002 ****61.25			
Sulfie, Apt L 4, etc.   Sulfe, Apt L 4, etc	9801 S.W. 4TH STREET 9801 S.W. 4TH STREE				I SEDIA IDDAK SIKA DISENI I	40068149	- H 8121/101 61 1021	
City & State  Country	2. Principal Place of Business - No P.O. Box # 3, N		3. Mailing Address	, Mailing Address				
Zip Country Zip Country 59-2681626   Most Applicative St. 75 Additional Page 12   St.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008 Chg-N	P CR2E037 (12/0	6)	
Country	City & State		City & State			-	+	
BUTMAN, CHARLES B 9801 S.W. 4TH STREET PLANTATION, FL 33324  8. The above named antity 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  Filing Fee is \$61.25	Zip	Zip Country Zip		Country	5. Certificate of Status Desired \$8.75 Additional			
BUTMAN, CHARLES B 9801 S.W. 4TH STREET PLANTATION, FL 33324  6. The above named antity 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.  5IGNATURE    Filling Fee is \$61.25   Due by May 1, 2008   Plantam, toped or printed name of registered agent and life if approaches.   MoTE Registered Agent agreeting registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   DATE		6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Agent		
SIGNATURE  In 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   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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc	DI ITAAAN	CHARLES B		Name				
City FL   Zip Code  6. 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 life / septicable.	9801 S.W. 4TH STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the decignation of registered agent, or both, in the State of Florida. I am familiar with, and accept the decignation of registered agent.    Filling Foe is \$61.25		,		City		<b>₽</b> I Zip (	Code	
SIGNATURE    Filling Fee is \$61.25					F⊾∣			
Filing Fee is \$81.25   Planta from the registrate apent and size if applicable. In Part Fund Contribution.   State Fundament of State	the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered office or regis	tered agent, or both, in the S	itate of Florida. I am familiar v	ith, and accept	
Due by May 1, 2008   Trust Fund Corribution.   Added to Fees   Florida Department of State	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE		
TITLE NAME STARR, MITCHELL B STREET ADDRESS CITY-ST-2P PLANTATION, FL 33324  TITLE SD SCHWAEGERLE, THOMAS P STREET ADDRESS CITY-ST-2P PLANTATION, FL 33324  TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-	<del>-</del>							
TITLE NAME STARR, MITCHELL B STARR, MITCHELL B SOW 4TH ST STREET ADDRESS CITY-ST-2IP PLANTATION, FL 33324  TITLE SD SCHWAEGERLE, THOMAS P STREET ADDRESS CITY-ST-2IP PLANTATION, FL 33324  TITLE NAME STREET ADDRESS CITY-ST-2IP PLANTATION, FL 33324  TITLE TO O'NEIL, CHRISTOPHER SIREET ADDRESS CITY-ST-2IP PLANTATION, FL 33324  TITLE AS PHANTATION, FL 33324  TITLE AS PINON, MARIDO STREET ADDRESS CITY-ST-2IP PLANTATION, FL 33324  TITLE AS PINON, MARIDO STREET ADDRESS CITY-ST-2IP PLANTATION, FL 33324  TITLE AS PINON, MARIDO STREET ADDRESS CITY-ST-2IP STREET ADDR	10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	S IN 10	
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