

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91426 019 ****61.25

DOCUMENT # N00730

1. Entity Name

JACARANDA SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1680 SO. TAMiami TRAIL
 VENICE FL 34293
 US**

**1114 UNDERWOOD DR.
 VENICE FL 34292**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2388334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASSLER, GREG G
 1114 UNDERWOOD DRIVE
 VENICE FL 34292**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HASSLER, GREG G	
STREET ADDRESS	1114 UNDERWOOD DRIVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZANE, WILLIAM	
STREET ADDRESS	1680 SO. TAMiami TRAIL	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EAGEN, CAROLYN	
STREET ADDRESS	1680 SO. TAMiami TRAIL	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. 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 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: *Carolyn A Eagen* **CAROLYN A EAGEN**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-02 941-496-4884

Date

Daytime Phone #

CR2E037 (9/01)

003549