


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90011 020 \*\*\*\*61.25

<b>DOCUMENT # N00730</b> 1. Entity Name <b>JACARANDA SQUARE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1680 SO. TAMiami TRAIL VENICE FL 34293 US</b>	Mailing Address <b>1114 UNDERWOOD DR. VENICE FL 34292</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>1680 S. TAMiami TRAIL, UNIT C</b> Suite, Apt. #, etc.
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City & State	City & State <b>VENICE, FL</b>	4. FEI Number <b>59-2388334</b>	Applied For Not Applicable
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Zip <b>34293</b>	Country	Zip <b>34293</b>	Country <b>SARASOTA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b> <b>HASSLER, GREG G 1114 UNDERWOOD DRIVE VENICE FL 34292</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>CAROLYN EAGEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1680 S. TAMiami TRAIL</b> <b>UNIT C</b> City <b>VENICE</b> FL Zip Code <b>34293</b>
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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 CAROLYN EAGEN *Carolyn Eagen* **02-02-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HASSLER, GREG G 1114 UNDERWOOD DRIVE VENICE FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZANE, WILLIAM 1680 SO. TAMiami TRAIL VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EAGEN, CAROLYN 1680 SO. TAMiami TRAIL VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 EAGEN *Carolyn Eagen* **02-02-04 941-496-4934**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #