


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90233 011 ****61.25

DOCUMENT # N03000001993			
1. Entity Name COURTYARDS AT JACARANDA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3475 NORTH HIATUS ROAD SUNRISE, FL 33351 US		Mailing Address 3475 NORTH HIATUS ROAD SUNRISE, FL 33351 US	
2. Principal Place of Business 140 S Jacaranda CC Dr Suite, Apt. #, etc.		3. Mailing Address 140 S Jacaranda CC Dr Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324		Zip 33324	
Country USA		Country USA	
4. FEI Number APPLIED FOR 56-259030		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A & M PARTNERS, INC. 3475 NORTH HIATUS ROAD SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name: William H Fogarty Street Address (P.O. Box Number is Not Acceptable): 120 S Jacaranda CC Dr Unit 104 City: Plantation FL Zip Code: 33324	
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: <u>William H Fogarty, Pres. William H. Fogarty, President 4/28/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, FRANK 120 SOUTH JACARANDA DRIVE PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Fogarty, William H. 120 S Jacaranda CC Dr #104 Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALEXANDER, PAM 120 SOUTH JACARANDA DRIVE PLANTATION, FL 33351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Noward-Ramos, Sandra 130 S Jacaranda CC Dr #103 Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LASH, HARRIS 160 SOUTH JACARANDA DRIVE PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Garrett Stephanie 100 S Jacaranda CC Dr # 205 Plantation FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/P Eghbal Jalali # 105 140 S Jacaranda CC Dr Plantation FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seth Bassoff # 205 140 S Jacaranda CC Dr Plantation, FL 33324 <input type="checkbox"/> Change <input checked="" 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 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: <u>William H Fogarty</u>		Date: <u>4/28/06</u> Daytime Phone #: <u>561-702-4582</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	