## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N10937

(3)

## JACARANDA AT CENTRAL PARK RECREATION ASSOCIATION ONE, INC.

| Principal Place                  | e of Business  | Mailing Address  | Mailing Address       |                                  |                                 | -{  |                        |                         |                     |
|----------------------------------|--|--|-----------------------|----------------------------------|---------------------------------|---|------------------------|-------------------------|---------------------|
| 10191 W SAMPLE RD C/O J&L PROPER |  |  | OTY MANAGEMENT INF    |                                  |                                 |   |                        |                         |                     |
| STE 203                          | ונכ חט   | C/O J&L PROPERTY MANAGEMENT INC.,<br>10191 W. SAMPLE RD. |                       |                                  |                                 |   |                        |                         |                     |
| CORAL SPRING                     | 9\$ FL 99065   | CORAL SPRINGS FL 33065-3976                              |                       |                                  | 9 Data lanamarata di a O (1977) | n   |                        | 6                       |                     |
| US                               |  | US   |                       |                                  |                                 | 3. Date Incorporated or Qualified 09/03/1985                                    |                        | ate of Last<br>05/01/19 |                     |
|                                  | lace of Business   | 2a. Mailing Address                                      |                       |                                  |                                 | 4. FEI Number   |                        |                         | Applied For         |
| 21                               | 4 -1-  | 26   |                       |                                  |                                 |   | lot Applicable         |                         |                     |
| Suite, Apt.                      | #, etc   | Suite, Apt. #, etc.                                      |                       | 5. Certificate of Status Desired |                                 |   | Additional<br>Regulred |                         |                     |
| City & State                     | 9  | City & State   |                       | 6 Floation Compaign Financia     |                                 |   |                        |                         |                     |
| 23                               | -  | 28   |                       |                                  |                                 | Election Campaign Financing     Trust Fund Contribution                         |                        |                         | May Be<br>I to Fees |
| Zip                              | Country  | Zip  | Count                 | lry                              |                                 | 8. This corporation has liability for in  |                        |                         |                     |
| 24                               | 25 29 30   |  |                       | Florida Statutes Yes No          |                                 |   |                        |                         |                     |
|                                  | 9. Name and Address of Current   | Registered Agent   |                       |                                  |                                 | 10. Name and Address of New Reg   | Istered                | Agent                   | ,                   |
|                                  |  |  | 6                     | Ħ                                | Name                            |   |                        |                         |                     |
|                                  | CALDERAZZO   | }  |                       | 2                                | Street Addres                   | ress (P.O. Box Number is Not Acceptable)  |                        |                         |                     |
|                                  | PROPERTY MANAGEMENT INC.   | ,  | L                     | $\perp$                          |                                 |   | ,                      |                         |                     |
|                                  | /. SAMPLE RD.  |  | 8                     | 13                               |                                 |   |                        |                         |                     |
| CUHAL                            | SPRINGS FL 33065   |  | 8                     | 4                                | City                            |   | FL                     | 85 Zip                  | Code                |
| 11. Pursuant                     | to the provisions of Sections 617.0502   | and 617.1508, Florida Statutes                           | , the abo             | νe-                              | named corpor                    | ration submits this statement for the pr  | irpose of              | changing                | its registered      |
| agent. La                        | egistered agent, or both, in the State of median with, and accept the obligation | tions of, Section 617.0503, Flori                        | tnorizea<br>da Statut | les.                             | tne corporation                 | ration submits this statement for the poin's board of directors. I hereby accep | t the <b>a</b> pp      | ointment a              | s registered        |
| SIGNATURE                        |  |  |                       |                                  |                                 |   |                        |                         |                     |
| 12.                              | Signature, typed or printed name of registered agen<br>OFFICERS AND              |  | Registered A          | gent                             | t signature required            | when reinstating) ADDITIONS/CHANGES TO OFFIC                                    | DATE                   | DIDEOLO                 | DO 11.40            |
| TITLE                            | D OFFICENS AND   | DELETE 1.11  |                       |                                  |                                 | ADDITIONS/CHANGES TO OFFIC  | EMS AINL               | Change                  |                     |
| NAME                             | ROSENBERG, MURIEL  |  | 1.2 NAM               |                                  |                                 |   |                        | C. Change               | Addition            |
| STREET ADDRESS                   | 446 5044 65 415  |  |                       | 1.3 STREET ADDRESS               |                                 |   |                        |                         |                     |
| CITY - ST - ZIP                  | DI ANTATIONI FI  |  |                       | 1.4 CITY-ST-ZIP                  |                                 |   |                        |                         |                     |
| TITLE                            | D  | ☐ DELETE   | 21 TITLE              |                                  |                                 |   |                        | Change                  | Addition            |
| NAME                             | TRAINOR, BERNARD   |  | 2.2 NAM               |                                  |                                 |   |                        |                         | <del></del>         |
| STREET ADDRESS                   | 9264 CHELSEA DR. SOUTH   |  | 2 3 STREET ADDRESS    |                                  | ADDRESS                         |   |                        |                         |                     |
| CITY-ST-ZIP                      |  |  | 2 4 CITY              | r-ST                             | r-zip                           |   |                        |                         |                     |
| TITLE                            | D  | ☐ DELETE 3.1   |                       | E                                |                                 |   |                        | Change                  | Addition            |
| NAME                             | SCHETTINO, MARY ANN  |  |                       | E                                |                                 |   |                        |                         |                     |
| STREET ADDRESS                   |  |  | 3 3 STRE              | ET A                             | ADDRESS                         |   |                        |                         |                     |
| CITY-ST-ZIP                      | PLANTATION FL  |  | 3.4. CITY             |                                  | -ZIP                            |   |                        |                         |                     |
| TITLE                            |  | ☐ DELETE   | 4.1 TITLE             |                                  |                                 |   |                        | L Change                | Addition            |
| NAME                             |  |  | 4. 2 NAM              |                                  |                                 |   |                        |                         |                     |
| STREET ADDRESS                   |  |  |                       |                                  | ADDRESS                         |   |                        |                         |                     |
| CITY-ST-ZIP                      |  | DELETE   | 4.4 City              |                                  | - ZIP                           |   | <del></del>            | [ ] (hans               | g water.            |
| TITLE<br>NAME                    |  | F"] DETEIG   | 5.1 TITLE             |                                  |                                 |   |                        | Change                  | Addition            |
|                                  |  |  | 5.2 NAM               |                                  | ADDOLCC                         |   |                        |                         |                     |
| STREET ADDRESS                   |  |  | 1                     |                                  | ADDRESS                         |   |                        |                         |                     |
| CHTY-ST-7IP<br>TITLE             |  | DELETE   | 5.4 CITY<br>6.1 TITLE |                                  | - ZIP                           |   |                        | Change                  | Addition            |
| NAME                             | ·  |  |                       |                                  |                                 |   |                        | L CHAIGE                | וייין אטטוווטוו     |
|                                  |  |  | 62 NAM                |                                  | ADDOLCC                         |   |                        |                         |                     |
| STREET ADDRESS                   |  |  | 6.3 STRE              | :ci A                            | ADDRESS                         |   |                        |                         |                     |

SIGNATURE:

14. I do 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, or og an attachment with an address.

Daytime Phone # 0022204

**FILED** 

Mar 06 1997 8:00am

Secretary of State