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Secretary of State

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 of Business: 10191 W SAMPLE RD, STE 203, CORAL SPRINGS FL 33065, US
Mailing Address: C/O J&L PROPERTY MANAGEMENT INC., 10191 W. SAMPLE RD., CORAL SPRINGS FL 33065-3976, US

3. Date Incorporated or Qualified: 09/03/1985
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-2646227
5. Certificate of Status Desired:
6. Election Campaign Financing:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: JAMES CALDERAZZO, C/O J&L PROPERTY MANAGEMENT INC., 10191 W. SAMPLE RD., CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes MURIEL ROSENBERG, BERNARD TRAINOR, and MARY ANN SCHETTINO.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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 on an attachment with an address.

SIGNATURE: _____ 2/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)