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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11084

1. Corporation Name

JACARANDA PARCEL 252 MASTER ASSOCIATION, INC.

Principal Place of Business

% DEVELOPMENT CONSULTANTS INC.
1280 SO. POWERLINE RD. ROOM 26
POMPANO BEACH FL 33069

Mailing Address

% DEVELOPMENT CONSULTANTS INC.
1280 SO. POWERLINE RD. ROOM 26
POMPANO BEACH FL 33069



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/13/1985

4. FEI Number

59-2710823

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DEVELOPMENT CONSULTANTS INC.
2901 SIMMS ST
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE

NAME WENER, IRWIN
STREET ADDRESS 1863 NW 99TH AVE
CITY-ST-ZIP PLANTATION FL

TITLE PD ☒ DELETE

NAME CAPONE, RAYMOND
STREET ADDRESS 1868 NW 93RD TERR
CITY-ST-ZIP PLANTATION FL

TITLE VTD ☒ DELETE

NAME CRISTIANO, CHARLES
STREET ADDRESS 9401 NW 18TH PL
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD/TD ☐ Change ☐ Addition

1.2 NAME VICKI GELFUND
1.3 STREET ADDRESS 9381 N.W. 18th Place
1.4 CITY-ST-ZIP Plantation, Florida 33322

2.1 TITLE PD ☐ Change ☐ Addition

2.2 NAME Robert J. Spero
2.3 STREET ADDRESS 9441 N.W. 18th Drive
2.4 CITY-ST-ZIP Plantation, Florida 33322

3.1 TITLE VD ☐ Change ☐ Addition

3.2 NAME Reva Hurtes
3.3 STREET ADDRESS 1873 N.W. 99th Avenue
3.4 CITY-ST-ZIP Plantation, Florida 33322

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-99

CR2F037-11/98