

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N11084

1. Entity Name
JACARANDA PARCEL 252 MASTER ASSOCIATION, INC.



Principal Place of Business

**9381 N.W. 18TH PLACE
PLANTATION, FL 33322**

Mailing Address

**9381 N.W. 18TH PLACE
PLANTATION, FL 33322**



01292005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2710823

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEBBIE K. GOLDBERG, CPA
6278 N. FEDERAL HIGHWAY
295
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GELFUND, VICKI
STREET ADDRESS	9381 NW 18TH PLACE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	STS
NAME	SPERO, ROBERT J
STREET ADDRESS	9441 NW 18TH DRIVE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D
NAME	WENER, IRWIN
STREET ADDRESS	1863 NW 99 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000231852
02/16/05-80048-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Vicki Gelfund
VICKI GELFUND
President

Date

2-12-05

Daytime Phone #