

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90098 023 ****61.25

DOCUMENT # N11084

1. Entity 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 % DEVELOPMENT CONSULTANTS INC.		3. Mailing Address % Development Consultants Inc	
Suite, Apt. #, etc. 2035 HARDING ST, #200		Suite, Apt. #, etc. 2035 HARDING ST, #200	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020	Country USA	Zip 33020	Country USA

☐ - CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2710823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEVELOPMENT CONSULTANTS INC.
2901 SIMMS ST
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name
DEVELOPMENT CONSULTANT INC
Street Address (P.O. Box Number is Not Acceptable)
2035 HARDING ST
Suite # **200**
City
Hollywood FL Zip Code
33020

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GELFUND, VICKI 9381 NW 18TH PLACE PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STS SPERO, ROBERT J 9441 NW 18TH DRIVE PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WENER, IRWIN 1863 NWGG AVE FORT LAUDERDALE FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: **Handwritten Signature** **AT/DEPOSED VICKI GELFUND 1/21/03**

CR2E037 (10/02)