

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 11, 2009
Secretary of State

DOCUMENT# N17001

Entity Name: THE ENCLAVE AT JACARANDA LAKES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**8360 W OAKLAND PARK BLVD
301
FORT LAUDERDALE, FL 33351**New Principal Place of Business:**C/O ALLIANCE PROPERTY SYSTEMS
1133 S UNIVERSITY DR -SUITE 211
PLANTATION, FL 33324**Current Mailing Address:**P.O. BOX 452119
SUNRISE, FL 333452199**New Mailing Address:**P.O. BOX 19439
PLANTATION, FL 33318**FEI Number:** 59-2776795**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOTTLIEB, HOWARD A
9354 NW 10TH STREET
PLANTATION, FL 33322 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: ARENBERG, SCOTT F
Address: 9331 NW 10TH STREET
City-St-Zip: PLANTATION, FL 33322**Title:** D () Delete
Name: DEBROKA, JOHN
Address: 4310 NW 10TH CT
City-St-Zip: PLANTATION, FL 33322**Title:** S () Delete
Name: HYMES, SUSAN
Address: 1840 NW 93RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33322**Title:** P () Delete
Name: GOTTLIEB, HOWARD
Address: 9354 NW 10TH ST
City-St-Zip: FORT LAUDERDALE, FL 33322**Title:** T () Delete
Name: SILVERMAN, MARC
Address: 9337 NW 10TH ST
City-St-Zip: FORT LAUDERDALE, FL 33322**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD GOTTLIEB

P

11/11/2009

Electronic Signature of Signing Officer or Director

Date