

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17942

FILED
Jan 07, 2012
Secretary of State

Entity Name: CHELSEA II AT JACARANDA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT SERVICES
4800 NORTH STATE ROAD 7, SUITE 105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES
4800 NORTH STATE ROAD 7, SUITE 105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 59-2784899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES
4800 NORTH STATE ROAD 7
SUITE 105
LAUDERDALE LAKES, FL 33319 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: PD
Name: SACHS, CAROL
Address: 373 NORTHWEST 95TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: VPD
Name: SMITH, LEO
Address: 365 NORTHWEST 94TH TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: BRAUNE, PAUL
Address: 448 NORTHWEST 94TH TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: DEGAFFERELLY, DAVID
Address: 416 NORTHWEST 95TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: TSD
Name: RAFFERTY, MARY
Address: 472 NORTHWEST 94TH TERRACE
City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: CAROL SACHS

PRES

01/07/2012

Electronic Signature of Signing Officer or Director

_____ Date