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**APPROVED  
AND  
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**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N19588 (5)**

1. Corporation Name  
**MAYFAIR AT JACARANDA HOMEOWNERS' ASSOCIATION, IN  
C.**

Principal Place of Business Mailing Address  
P.O. BOX 450833 P.O. BOX 450833  
PLANTATION FL 33322 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/09/1987** 3a. Date of Last Report **08/23/1994**  
4. FEI Number **59-2793466** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER, POLIAKOFF, & STREITFELD, P.A.  
3111 STIRLING RD.  
FT. LAUDERDALE FL 33312**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>STARR, ALAN M</b>
STREET ADDRESS	<b>9501 N.W. 18 MANOR</b>
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>
TITLE	<b>VD</b>
NAME	<b>GERVASI, MICHAEL M.D</b>
STREET ADDRESS	<b>9400 N.W. 18TH MANOR</b>
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>
TITLE	<b>SD</b>
NAME	<b>JACOBSON, GLADYS</b>
STREET ADDRESS	<b>1845 N.W. 98TH AVE.</b>
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>
TITLE	<b>TD</b>
NAME	<b>GAY, CHARLES</b>
STREET ADDRESS	<b>9540 N.W. 18TH DRIVE</b>
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>
TITLE	<b>AD</b>
NAME	<b>RABINOWITZ, JEFF</b>
STREET ADDRESS	<b>9400 N.W. 18TH PLACE</b>
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GURTON, MARK</b>	
1.3 STREET ADDRESS	<b>9150 NW 18th MANOR</b>	
1.4 CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RABINOWITZ</b>	
2.3 STREET ADDRESS	<b>9400 NW 18th PL</b>	
2.4 CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
3.1 TITLE	<b>50600, JIM SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOSEPH, JIM</b>	
3.3 STREET ADDRESS	<b>9700 NW 18th PL</b>	
3.4 CITY-ST-ZIP	<b>PLANTATION, FL 33322</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>AD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>CHRISTIANO, CHARLES S</b>	
5.3 STREET ADDRESS	<b>9401 NW 18th PL</b>	
5.4 CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE:

*Charles G. Gay*

**CHARLES G. GAY**

**20 FEB 95**

**(705) 424-2724**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number