

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19588 (5)**  
 1. Corporation Name  
**MAYFAIR AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>P.O. Box 450833 PLANTATION FL 33322</b>	Mailing Address <b>P.O. Box 450833 PLANTATION FL 33322</b>
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3. Date Incorporated or Qualified <b>03/09/1987</b>		3a. Date of Last Report <b>02/20/95</b>	
2. Principal Place of Business 21 <b>4500 NORTH STATE ROAD 7</b>	2a. Mailing Address 26 <b>4500 NORTH STATE ROAD 7</b>	4. FEI Number <b>59-2793466</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 <b>SUITE 101</b>	Suite, Apt. #, etc. 27 <b>SUITE 101</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>FT LAUDERDALE FL</b>	City & State 28 <b>FT LAUDERDALE FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33319-5868</b>	Country 25 <b>Berward</b>	Zip 29 <b>33319-5868</b>	Country 30 <b>BROWARD</b>

9. Name and Address of Current Registered Agent <b>BECKER, POLIAKOFF &amp; STREITFELD, P.A. 3111 STIRLING RD. FT. LAUDERDALE FL 33312</b>		10. Name and Address of New Registered Agent 81 Name <b>DAVID A. SCHWARTZ, J.D., LL.M</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8181 WEST BROWARD BLVD.</b> 83 <b>SUITE 204</b> 84 City <b>PLANTATION</b> FL 85 Zip Code <b>33324</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE *David A. Schwartz* x **DAVID A. SCHWARTZ** x **6-5-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BURTON, MARK 9560 N.W. 18th MANOR PLANTATION FL 33322</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RABINOWITZ, Jeff 9400 N.W. 18th PLACE PLANTATION FL 33322</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOSEPH, Jim 9500 N.W. 18th PLACE PLANTATION FL 33322</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GAY, CHARLES 9540 N.W. 18th DRIVE PLANTATION FL 33322</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD CRISTIANO, Charles 4401 N.W. 18th PLACE PLANTATION FL 33322</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1000018662-81 -06/19/96--01014--023 ***61.25 6-17-96 AES</b>

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: *James J. Joseph* **JAMES J. JOSEPH** 5/4/96 (306) 552-4851

CR2E037 (12/95)