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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N19588 (5)

1. Corporation Name
MAYFAIR AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 4500 NORTH STATE ROAD 7, SUITE 101, FT LAUDERDALE FL 33319-5868
Mailing Address: 4500 NORTH STATE ROAD 7, SUITE 101, FT LAUDERDALE FL 33319-5868

3. Date Incorporated or Qualified: 03/09/1987
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business

21. Suite, Apt #, etc.

22. City & State

23. Zip

24. Country

4. FEI Number: 59-2793466
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

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

SCHWARTZ, DAVID A.
8181 WEST BROWARD BOULEVARD
SUITE 204
PLANTATION FL 33324

81 Name: BECKER E POLIAKOFF, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 3111 STIRLING ROAD
83
84 City: Fort Lauderdale FL 85 Zip Code: 33312-6525

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 617.0503, Florida Statutes.

SIGNATURE: [Signature] Date: 1/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: BURTON, MARK
STREET ADDRESS: 9560 NW 18TH MANOR
CITY-ST-ZIP: PLANTATION FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: VD
NAME: KATZ, MORTON
STREET ADDRESS: 9521 NW 18TH COURT
CITY-ST-ZIP: PLANTATION FL 33322

2.1 TITLE: VD
2.2 NAME: GERALDINE GREER
2.3 STREET ADDRESS: 9521 N.W. 18TH DRIVE
2.4 CITY-ST-ZIP: PLANTATION FL 33322

TITLE: SD
NAME: KATZ, SHARON
STREET ADDRESS: 9521 NW 18TH COURT
CITY-ST-ZIP: PLANTATION FL 33322

3.1 TITLE: SD
3.2 NAME: LAWRENCE KALVEVITCH
3.3 STREET ADDRESS: 1838 N.W. 94TH AVE
3.4 CITY-ST-ZIP: PLANTATION FL 33322

TITLE: TD
NAME: JAMES, JOSEPH
STREET ADDRESS: 9521 NW 18TH COURT
CITY-ST-ZIP: PLANTATION FL 33322

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: [Signature] Date: 1/21/97 (305) 552-4851

CR2E037 (9/96)