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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N19588

(5)

MAYFAIR AT JACARANDA HOMEOWNERS' ASSOCIATION, IN

FILED
Jan 29 1998 8:00am
Secretary of State



4500 NORTH STATE ROAD 7 SUITE 101 SU	Principal Place of Business Mailing Address									lief Chial II					
SUITE 101 FT LAUDERDALE FL 33319-5868 FT LAUDERDALE FL 33312 FL STREET AUDERDALE FL 33312 FL STREET AUDERSS FT LAUDERDALE FL 33312 FL STREET AUDERSS FT LAUDERDALE FL 33312 FL STREET AUDERSS FT LAUDERDALE FL 33312 FL STREET AUDERDALE FL 33312 FL STREET AUDERSS FT LAUDERDALE FL STREET AUDERSS FT	Maining Address														
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4. FEI Number							03/09/1987								
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Certificate of Status Desired	FI LAUDERDALE PL 33319-3666 FI LAUDERDALE PL 33319-366			9.3000			4						$\neg$	App	lied For
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Certificate of Status Desired								59-27	93466					Not	Applicable
Suite, Apt. #, etc.		ss	2a. Mailing Address						Danisası		7	\$8.	75 A	ditional	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	21		26			"	. Cermicate	or Siaius	Desired	L					
City & State   City & State   City & State   City & State   Trust Fund Contribution   Added to Fees	Suite, Apt. #, etc.		Suite, Apt. #, etc.			6	6. Election Ca	ımpaign F	inancing	7		\$5.	00 м	av Be	
28     29   30     29   30     28     29   30     28     29   30     28     29   30     28     29   30     28     29   30     29   30     29   20   20   20   20   20   20	22	27				Trust Fund	Contribut	ion		]					
Zip			City & State			7	7. Is this nonprofit corporation a homeowners association?								
24 25 29 30 Personal Property Tax due June 30.    Yes   No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  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 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, typed or printed name of registered agent and the Happicable. (NOTE Registered Agent signature required when reinstating)   DATE										Y	′es [	] No			
BECKER & POLIAKOFF , P.A. 3111 STIRLING ROAD SUITE 204 FORT LAUDERDALE FL 33312  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 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, if am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, if am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature   Signature required when reinstating   DATE			<del> </del>	<b>—</b>	ountry	•	8								
BECKER & POLIAKOFF , P.A.  3111 STIRLING ROAD  SUITE 204  FORT LAUDERDALE FL 33312  84 City  FL 85 Zip Code  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 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, or many accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD ADDITION, MARK  BURTON, MARK  BURTON, MARK  STREET ADDRESS  9560 NW 18TH MANOR  1.3 STREET ADDRESS  9560 NW 18TH MANOR  1.4 CITY-ST-ZIP  PLANTATION FL 33322  TITLE  DELETE 1.1 TITLE  PD Addition  Addition															No
BECKER & POLIAKOFF , P.A. 3111 STIRLING ROAD SUITE 204 FORT LAUDERDALE FL 33312  84 City FL 85 Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  MAME BURTON, MARK 12. NAME SIREET ADDRESS 9560 NW 18TH MANOR 1.3 STREET ADDRESS 9560 NW 18TH MANOR 1.4 CITY-ST-ZIP PLANTATION FL 1.4 CITY-ST-ZIP PLANTATION FL 1.4 CITY-ST-ZIP PLANTATION FL 1.5 Change Addition	9. Name ai	nd Address of Current I	Registered Agent		-		10	). Name and	Address	of New	Regis	tered A	Agent		
SUITE 204 FORT LAUDERDALE FL 33312  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 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, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE PD Change Addition  NAME BURTON, MARK  12. NAME KAIVEVITCH, Laurence State Addition  KAIVEVITCH, Laurence State Addition  KAIVEVITCH, Laurence State Addition  KAIVEVITCH, Laurence State Addition  La STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 City-St-Zip PLANTATION FL 333322  TITLE VD DELETE 2.1 TITLE Change Addition					81	Name									
SUITE 204 FORT LAUDERDALE FL 33312  84 City FL 85 Zip Code  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 agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DETE  SIGNATURE	BECKER & POLIAKO	FF , P.A.			82	2 Street Address (P.O. Box Number is Not Acceptable)									
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SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE						•		FL     '							
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SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	office of registered agent agent. I am familiar with	nt, or both, in the State of and accept the obligation	Florida. Such change was ons of Section 617.0503. Fl	autnorizi orida Sta	ea by stutes	tne corp	poration's	board of dire	ctors. I he	ereby ac	cept th	ne appo	ointmer	it as re	egistered
Signature, typed or prixted name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE	i	,													
TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 TITLE PD DELETE DURTON, MARK  STREET ADDRESS 9560 NW 18TH MANOR  CITY-ST-ZIP PLANTATION FL 1.4 CITY-ST-ZIP PLANTATION FL 33322  TITLE VD DELETE 2.1 TITLE Change Addition								en reinstating)				DATE			
NAME BURTON, MARK 9560 NW 18TH MANOR 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TITLE  VD  LDELETE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TATION FL 1.5 Change 1.5 NAME 1.7 NAME 1.8 NAME 1.8 NAME 1.8 NAME 1.8 NAME 1.8 NAME 1.9 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 CHANGE 1.5 CHANGE 1.6 CHANGE 1.6 CHANGE 1.7 CHANGE 1.8 C								ADDITIONS/	CHANGE	S TO OF	FIČEŘ				IN 12
NAME         BURTON, MARK         12 NAME         KAIVEVITCH, Laurence           STREET ADDRESS         9560 NW 18TH MANOR         1.3 STREET ADDRESS         1838 N.W. 94 MAVE           CITY-ST-ZIP         PLANTATION FL         1.4 CITY-ST-ZIP         PLANTATION FL         3332Z           TITLE         VD         DELETE         2.1 TITLE         Change         Addition	' <del>-</del>		DELETE.	1.1	TITLE		PD						X Char	nge	Addition
CITY-ST-ZIP PLANTATION FL 1.4 CITY-ST-ZIP PLANTATION , FL 33322  TITLE VD DELETE 2.1 TITLE Change Addition	NAME BURTON,	Mark		1.2	1.2 NAME		KAIV	EVITCI	H, La	WR	Enc	೧೬			
CITY-ST-ZIP PLANTATION FL 1.4 CITY-ST-ZIP PLANTATION , FL 33322  TITLE VD DELETE 2.1 TITLE Change Addition	STREET ADDRESS 9560 NW	18TH MANOR		1.3	1.3 STREET ADDRESS / 18			8 N.W.	. 94	in A	1/8				
TITLE VD DELETE 2.1 TITLE Change Addition	CITY-ST-ZIP PLANTATI	on fl		1.4 (	CITY-ST-ZIP P(			40 TAT	100	. FL	_	333	322	_	
NAME GREER GERALDINE 22 NAME	TITLE VD		☐ DELETE	2.1											Addition
Contact of the Contac				MAME											
STREET ADDRESS 9521 N.W. 18TH DRIVE 2.3 STREET ADDRESS	STREET ADDRESS 9521 N.W. 18TH DRIVE 2.3 ST			STREET .	ET ADDRESS										

PLANTATION FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Bunberg NAME KALVEVITCH, LAWRENCE 1838 N.W. 94TH AVE. STREET ADDRESS 3.3 STREET ADDRESS PLANTATION FL CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE \_\_\_ Change \_\_\_ Addition JAMES, JOSEPH NAME 4. 2 NAME 9521 NW 18TH COURT STREET ADDRESS 4.3 STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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:

AGI ATORE REQUITATION EN

1/20/98 (301)552-4851

CR2E037 (10/97)