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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19588

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

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



21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FBI Number
23	City & State	27	City & State		Applied For
24	Zip	28	Zip		Not Applicable
25	Country	29	Country	5	Certificate of Status Desired
30		30			\$8.75 Additional Fee Required
				6	Election Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD SUITE 204 FORT LAUDERDALE FL 33312		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KALVEVITCH, LAWRENCE	1.1 TITLE	
NAME	1838 N.W. 94TH AVE	1.2 NAME	
STREET ADDRESS	PLANTATION FL 33322	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GREER, GERALDINE	2.1 TITLE	VD CHERYL TOY
NAME	9521 N.W. 18TH DRIVE	2.2 NAME	9460 NW 18TH PL
STREET ADDRESS	PLANTATION FL	2.3 STREET ADDRESS	PLANTATION, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD KALVEVITCH, LAWRENCE	3.1 TITLE	SD CAREN CASPER
NAME	1838 N.W. 94TH AVE.	3.2 NAME	9560 NW 18TH MANOR
STREET ADDRESS	PLANTATION FL	3.3 STREET ADDRESS	PLANTATION, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD JAMES, JOSEPH	4.1 TITLE	
NAME	9521 NW 18TH COURT	4.2 NAME	
STREET ADDRESS	PLANTATION FL 33322	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD BLUMBERG, JEFFREY	5.1 TITLE	
NAME	1840 N.W. 94TH AVE	5.2 NAME	
STREET ADDRESS	PLANTATION FL 33322	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Lawrence Kalevitch* RECALCULATED 1/20/99 954 262-6168
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)