

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90298 008 ****61.25

DOCUMENT # N19588

1. Entity Name

MAYFAIR AT JACARANDA HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

Mailing Address

4500 NORTH STATE ROAD 7
 SUITE 101
 FT LAUDERDALE FL 33319-5868

4500 NORTH STATE ROAD 7
 SUITE 101
 FT LAUDERDALE FL 33319-5868

2. Principal Place of Business

3. Mailing Address

SHERMAN & SHERMAN

SHERMAN & SHERMAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4700 N. State Road 7 #200

4700 N. State Road 7 #200

City & State
 Fort Lauderdale, FL

City & State
 Fort Lauderdale, FL

4. FEI Number

59-2793466

Applied For

Not Applicable

Zip
 33319-5804

Country
 Broward

Zip
 33319-5804

Country
 Broward

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
 3111 STIRLING ROAD
 SUITE 204
 FORT LAUDERDALE FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **KALVEVITCH, LAWRENCE**
 STREET ADDRESS **1838 N.W. 94TH AVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **PD** Change Addition
 NAME **STANLEY PHILLIPS**
 STREET ADDRESS **1850 NW 94th AVE.**
 CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE **VD** Delete
 NAME **TOY, CHERYL**
 STREET ADDRESS **9460 NW 18TH PL**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **VD** Change Addition
 NAME **ANDREW CASPER**
 STREET ADDRESS **9560 NW 18th MANOR**
 CITY-ST-ZIP **PLANTATION, FL33322**

TITLE **SD** Delete
 NAME **CASPER, CAREN**
 STREET ADDRESS **9560 NW 18TH MANOR**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BLUMBERG, JEFFREY**
 STREET ADDRESS **1840 N.W. 94TH AVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley Phillips*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000
 Date

954-370 6905
 Daytime Phone #

CR2E037 (9/99)