


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90049 038 \*\*\*\*61.25

<b>DOCUMENT # N19588</b>					
1. Entity Name MAYFAIR AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O CCM 10034 W. MCNAB RD. TAMARAC, FL 33321		Mailing Address C/O CCM 10034 W. MCNAB RD. TAMARAC, FL 33321			
2. Principal Place of Business C/O DCI Prop. Mgmt. Suite, Apt. #, etc. 2035 Harding Street #200		3. Mailing Address C/O DCI Prop. Mgmt. Suite, Apt. #, etc. 2035 Harding Street #200			
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number 59-2793466	
Zip 33020		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, JAMES R 10034 W. MCNAB RD. TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: Meyrowitz, Andrew Street Address (P.O. Box Number is Not Acceptable): C/O DCI 2035 Harding Street #200 City: Hollywood FL Zip Code: 33020			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTS-WHITINS, ADA 9421 NW 18TH CT. PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sephania Heilicher 1837 NW 96th Ave. Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANAS, STACY 9460 NW 18TH MANOR PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerrard Gerry Greer 9521 NW 18 Drive Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAZARUS, MONICA 1882 NW 94TH AVE. PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lee Washington 1833 NW 96 Ave. Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABRICANT, ELLYN S 10034 W. MCNAB RD. TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gisele Spero 9441 NW 18 Drive Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELLER, RONNIE 1859 NW 96TH AVE PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Heller, Ronnie 1859 NW 96th Ave. Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ronnie Heller</u> <u>Ronnie Heller</u> <u>3/18/05</u> <u>954.9168663</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

