


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90073 021 ****61.25

DOCUMENT # N19588					
1. Entity Name MAYFAIR AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O DCI PROP. MGMT. 2035 HARDING STREET #200 HOLLYWOOD, FL 33020			Mailing Address C/O DCI PROP. MGMT. 2035 HARDING STREET #200 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2793466	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYROWITZ, ANDREW C/O DCI 2035 HARDING STREET #200 HOLLYWOOD, FL 33020			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPHANIE, HEILICHER				NAME
STREET ADDRESS	1837 N.W. 96TH AVE.				STREET ADDRESS
CITY-ST-ZIP	PLANTATION, FL 33322				CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, GERRY				NAME
STREET ADDRESS	9521 N.W. 18 DRIVE				STREET ADDRESS
CITY-ST-ZIP	PLANTATION, FL 33322				CITY-ST-ZIP
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLE, STACI				NAME
STREET ADDRESS	9540 NW 18TH DR				STREET ADDRESS
CITY-ST-ZIP	PLANTATION, FL 33322				CITY-ST-ZIP
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISELE, SPERO				NAME
STREET ADDRESS	9441 N.W. 18 DRIVE				STREET ADDRESS
CITY-ST-ZIP	PLANTATION, FL 33322				CITY-ST-ZIP
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, RONNIE				NAME
STREET ADDRESS	1859 N.W. 96TH AVE.				STREET ADDRESS
CITY-ST-ZIP	PLANTATION, FL 33322				CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ronnie Heller</i>				1-24-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	