
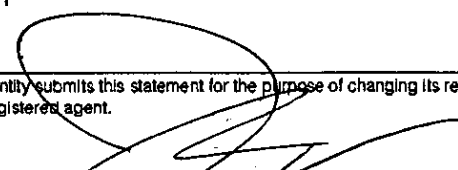
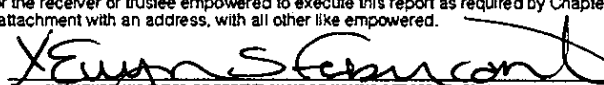


**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90182 025 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N19588</b>			
1. Entity Name <b>MAYFAIR AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O MIAMI MGMT INC          1189 SAWGRASS CORP PKWY          SUNRISE, FL 33-3323</b>		Mailing Address <b>C/O MIAMI MGMT INC          1189 SAWGRASS CORP PKWY          SUNRISE, FL 33-3323</b>	
2. Principal Place of Business <b>c/o CCM</b>		3. Mailing Address <b>c/o CCM</b>	
Suite, Apt. #, etc. <b>10034 W McNab Rd</b>		Suite, Apt. #, etc. <b>10034 W McNab Rd</b>	
City & State <b>TAMARAC, FL</b>		City & State <b>TAMARAC, FL</b>	
Zip <b>33321</b>		Zip <b>33321</b>	
Country <b>BROWARD</b>		Country <b>BROWARD</b>	
4. FEI Number <b>59-2793466</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KREILING, EDWARD P          2500 WESTON ROAD          SUITE 220          WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name <b>JAMES R. MILES</b> Street Address (P.O. Box Number is Not Acceptable) <b>10034 W McNab Rd</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321</b>	
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 <b>3/4/03</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when reinstating)	
<b>FILE NOW - FEES IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make/Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>DVP</b> NAME <b>NORTON, GARY</b> STREET ADDRESS <b>1189 SAWGRASS CORP, PKWY</b> CITY-ST-ZIP <b>SUNRISE, FL 33323</b>	<input type="checkbox"/> Delete	TITLE <b>VDP</b> NAME <b>Norton, GARY</b> STREET ADDRESS <b>10034 W McNab Rd</b> CITY-ST-ZIP <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DP</b> NAME <b>BLUMBERG, JEFFREY</b> STREET ADDRESS <b>1189 SAWGRASS CORP, PKWY</b> CITY-ST-ZIP <b>SUNRISE, FL 33323</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>BLUMBERG, JEFFREY</b> STREET ADDRESS <b>10034 W McNab Rd</b> CITY-ST-ZIP <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DT</b> NAME <b>CRISTIANO, CHARLIE</b> STREET ADDRESS <b>1189 SAWGRASS CORP, PKWY</b> CITY-ST-ZIP <b>SUNRISE, FL 33323</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TD</b> NAME <b>DeLUCIA, DAVID</b> STREET ADDRESS <b>10034 W McNab Rd</b> CITY-ST-ZIP <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>DVP</b> NAME <b>FABRICANT, ELLYN S</b> STREET ADDRESS <b>1189 SAWGRASS CORP, PKWY</b> CITY-ST-ZIP <b>SUNRISE, FL 33323</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b> NAME <b>FABRICANT, ELLYN S.</b> STREET ADDRESS <b>10034 W McNab Rd</b> CITY-ST-ZIP <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DS</b> NAME <b>GALLAGHER, BARBARA</b> STREET ADDRESS <b>1189 SAWGRASS CORP, PKWY</b> CITY-ST-ZIP <b>SUNRISE, FL 33323</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>SD</b> NAME <b>KINSMAN, LAURA</b> STREET ADDRESS <b>10034 W McNab Rd</b> CITY-ST-ZIP <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Change <input checked="" 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: 		DATE <b>3-5-03</b>	
Signature and typed or printed name of signing officer or director		Date	

CR2E037 (10/02)

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CHECK HERE IF MAKING CHANGES