FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19760 (0)

1. Corporation Name

CENTRAL PARK NORTH AT JACARANDA MASTER ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
% J & L PROPERTY MANAGEMENT, INC. 10191 W. SAMPLE BLVD., SUITE 203 CORAL SPRINGS FL 33065	% J & L PROPERTY MANAGEMENT, INC. 10191 W. SAMPLE BLVD., SUITE 203 CORAL SPRINGS FL 33065

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/20/1987
3a. Date of Last Report: 01/25/1995
4. FEI Number: 65-0012313 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GLASSMAN, ELLAINE
977 NW 93 AVE
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: James Calderazzo
82 Street Address (P.O. Box Number is Not Acceptable): 10191 W. Sample Rd
83: Suite 203
84 City: Coral Springs FL 85 Zip Code: 33065

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: James Calderazzo 4/28/96
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GLASSMAN, ELLAINE		1.2 NAME		
STREET ADDRESS	977 NW 93 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	VER SHAW, MARYANNE		2.2 NAME	Jay Horwitt	
STREET ADDRESS	701 NW 92 TERRACE		2.3 STREET ADDRESS	9568 NW 9th Ct	
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CERQUA, JOHN		3.2 NAME		
STREET ADDRESS	9522 NW 8 CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KAMENKER, JERRY		4.2 NAME		
STREET ADDRESS	9580 NW 9 CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FEINBLUM, BRIAN		5.2 NAME		
STREET ADDRESS	852 NW 98 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jay Horwitt 4/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)