

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N19760					
1. Corporation Name CENTRAL PARK NORTH AT JACARANDA MASTER ASSOCIATI ON, INC.					
Principal Place of Business % J & L PROPERTY MANAGEMENT, INC. 10191 W. SAMPLE BLVD., SUITE 203 CORAL SPRINGS FL 33065			Mailing Address % J & L PROPERTY MANAGEMENT, INC. 10191 W. SAMPLE BLVD., SUITE 203 CORAL SPRINGS FL 33065		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/20/1987	
				4. FEI Number 65-0012313	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CALDERAZZO, JAMES 10191 W. SAMPLE RD. SUITE 203 CORAL SPRINGS FL 33065				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ 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	VD	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	HORWITT, JAY			2.2 NAME			
STREET ADDRESS	9568 NW 9TH CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33324			2.4 CITY-ST-ZIP			
TITLE	TS	☒ DELETE		3.1 TITLE	<i>T/B Marilyn Ruderman</i>	☒ Change ☐ Addition	
NAME	FEINBLUM, BRIAN			3.2 NAME	<i>9564 NW 8th Circle</i>		
STREET ADDRESS	852 NW 98 AVE			3.3 STREET ADDRESS	<i>PLANTATION, FL 33324</i>		
CITY-ST-ZIP	PLANTATION FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)